

Client-Therapist Feedback

This form allows you an opportunity to provide feedback to your therapist after your family sessions have finished. This will help your therapist's professional development as well as helping to improve the service offered to others.

You DO NOT need to identify yourself.

Please place a mark in the box which most closely corresponds to how you feel about each statement.

About the Working Relationship With Your Therapist

	Strongly Agree	Somewhat Agree	No Strong Feeling	Somewhat Disagree	Strongly Disagree
Our therapist listened to me effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our therapist understood things from my point of view.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our therapist focused on what was important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our therapist accepted what I said without judging me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our therapist showed warmth toward me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our therapist fostered a safe and trusting environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our therapist began and finished our sessions on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our therapist followed my lead during our sessions whenever that was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our therapist provided leadership during our sessions when/if that was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our therapist challenged me when/if that was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About the Results of Working With Your Therapist

	Strongly Agree	Somewhat Agree	No Strong Feeling	Somewhat Disagree	Strongly Disagree
The sessions with my therapist helped me with whatever originally led me to seek counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any changes which might have occurred in me as a result of my family group therapy have been positive			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Satisfaction

	Very Satisfied	Somewhat Satisfied	No Strong Feeling	Somewhat Dissatisfied	Strongly Dissatisfied
My overall level of satisfaction with the service provided by my counsellor is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Based on my experience, I would recommend my counsellor to others.		Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Other Comments

Please use the space below for any other comments you would like to bring to your counsellor's attention. (If there are any matters which you specifically would not have wanted to discuss with your counsellor in person, your counsellor would be especially glad to know of these.) If you include your name in this section, it will be treated as CONFIDENTIAL. If you need more space, please continue on the back or add another page.

Please return this form in the stamped envelope provided. Thank you!