

# CLIENT EVALUATION FORM



Your feedback is very important to us, so that we can continue to improve the way we do our work.

Thank you for completing this quick confidential evaluation to provide us with feedback about the counselling service you have received.

We hope the counselling provided has made a positive difference for you and your family.

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**Counsellor:**

**Application Number:**

**Number of Sessions:**

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**Your Age:** \_\_\_\_\_

**Gender:** M / F

**Date:** \_\_\_\_\_

**Type of Counselling Provided:** Child / Family / Couple / Individual

**Cultural Identity:** European / Maori / Pacific Islands / Asian / Other: \_\_\_\_\_

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Please supply your rating and feedback in the following areas:

**WERE YOU SEEN / CONTACTED QUICKLY ENOUGH TO MEET YOUR NEEDS?**

Unsatisfactory    1    ·    2    ·    3    ·    4    ·    5    Excellent

**DID YOU FEEL YOU WERE TREATED WITH RESPECT?**

Unsatisfactory    1    ·    2    ·    3    ·    4    ·    5    Excellent

**DID THE COUNSELLING SERVICE MEET YOUR NEEDS?**

Unsatisfactory    1    ·    2    ·    3    ·    4    ·    5    Excellent

**WHAT IS DIFFERENT NOW FOR YOU AND YOUR FAMILY?** Please tick what applies to you:

- |   |   |
|---|---|
| <input type="checkbox"/> Greater knowledge, skills and personal awareness           | <input type="checkbox"/> Positive changes to family/whanau relationships    |
| <input type="checkbox"/> Taken up a new activity, eg exercise or social activity    | <input type="checkbox"/> Better able to manage day to day life              |
| <input type="checkbox"/> Greater self-confidence                                    | <input type="checkbox"/> More connected to the community                    |
| <input type="checkbox"/> Reduced drug and alcohol use                               | <input type="checkbox"/> Happier child/children                             |
| <input type="checkbox"/> Adjustment to separation and move to positive co-parenting | <input type="checkbox"/> More knowledge and skills about positive parenting |
| <input type="checkbox"/> Anything else not listed above - _____                     |   |

**Additional Comments:** \_\_\_\_\_

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