**Counselling Evaluation Form**

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| This form allows you an opportunity to provide feedback to your counsellor after your sessions have finished. This will help your counsellor’s professional development as well as helping us to improve the service offered to others. You DO NOT need to identify yourself. Please make a mark in the box which most closely corresponds to how you feel about each statement. | | | | | | |
| **Background** |  | | | | | |
| Client Name (optional) |  | | | | | |
| Contact details (optional) |  | | | | | |
| Date of Evaluation |  | | | | | |
| Name of Counsellor |  | | | | | |
| Reason for seeking counselling | * Feeling sad, depressed * Feeling isolated/lonely * Feeling stressed/anxious * Coping with Grief/Loss * Lacking confidence/self-worth * Feeling confused about life * Managing change * Parenting Challenges * Relationship Issues * Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Summary of Counselling Sessions | * Explored feelings, thoughts, and experiences * Learned coping strategies and ways to manage tough feelings * Discovered personal strengths * Gained confidence and felt more in control * Provided with relevant resources and strategies * Other (please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Experience with Assigned Counsellor** | | | | | | |
| **Questions** | **Excellent** | **Good** | | **Fair** | | **Poor** |
| How would you rate your overall experience working with your assigned counsellor? |  |  | |  | |  |
| **Questions** | **Yes** | | **No** | | **Somewhat** | |
| Did your counsellor listen to you attentively and without judgement? |  | |  | |  | |
| Did you feel supported throughout the counselling process? |  | |  | |  | |
| Were the counselling sessions helpful in addressing your concerns and goals? |  | |  | |  | |
| **Impact of Counselling** | | | | | | |
| Impact of Counselling | * Improved ability to handle challenges * Increased happiness and reduced stress * Better relationships with others and self * Improved knowledge of services * Improved parenting skills and confidence * Feeling more positive about my life * Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Questions** | **Yes** | | **No** | | **Somewhat** | |
| Do you feel you achieved your goal for attending counselling? |  | |  | |  | |
| Were you made aware of other support services /options once counselling finished? |  | |  | |  | |
| **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. | | | | | | |
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Thank you for your time. If you have completed this form online by clicking SUBMIT this will be sent to our email. If you have physically completed this form. Please drop into Centre or email to [info@womenscentrerodney.org.nz](mailto:info@womenscentrerodney.org.nz)