



## END OF COUNSELLING FEED BACK FORM

Date of final appointment:

Client Reference Number:

I would be grateful if you could please take a few minutes to fill in this short feedback form which gives you the opportunity to offer your views about your overall experiences, feelings and level of satisfaction of counselling sessions and our work together. Your feedback about counselling is important to me and will assist me in my own professional development and help me to improve the counselling services offered to others.

Please read the following statements and place a tick next to the response which best describes how you feel.

1. My counsellor listened to me effectively.

Strongly Agree    Agree    Not sure    Disagree    Strongly Disagree

2. My counsellor understood things from my point of view.

Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

3. My counsellor focused on what was important for me.

Strongly Agree    Agree    Not Sure    Disagree    Strongly Agree

4. My counsellor accepted what I said without judging me.

Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

5. My counsellor showed warmth towards me.

Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

6. My counsellor fostered a safe and trusting environment.

Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

7. My counsellor began and finished our sessions on time.

Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

8. My counsellor followed my lead during our sessions whenever that was appropriate.

Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

9. The sessions with my counsellor helped me with whatever originally led me to seek counselling.

Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

10. Any changes which might have occurred in me as a result of my counselling have been positive and welcome

Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

11. Based on my experience, I would recommend my counsellor to others:

Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

12. Please use this space to write any other comments you wish to make about your experiences of counselling at Martin Rigby Counselling.

From time to time I may post client feedback and comments anonymously on my website or on social media. This is to help other people who may be looking for counselling to decide what is best for them. Please be aware that I do not use names or any personal information that would identify you.

Please tick one of the following statements to confirm whether you agree to your feedback being made available to the public.

I agree that my feedback about counselling can be made available to the public.

I do not want my feedback to be published anywhere.

Thank you.