Dear

I want to thank you for the privilege of serving you in your time of need. I strive to provide the best quality counseling services available so that as we work together you will have the best opportunity to accomplish your counseling goals and objectives.

Please let this letter serve as an acknowledgement that your case has been closed and your treatment plan has been completed.

I would greatly appreciate it if you would take a few moments to complete the enclosed survey. I value your input to help me continually improve the services I provide.

If you have a need in the future please don't hesitate to give me a call.

May the Lord bless you and keep you and continue to give you hope,

COUNSELING SERVICES FEEDBACK SURVEY

I would greatly appreciate it if you would take a few moments to complete this survey form. Your honest input will give me valuable information and help me continue to improve the services I provide.

Please circle the number that best corresponds with your level of satisfaction with your counseling experience:

Did your counselor help you to develop goals and objectives that were specific to your needs?

1 2 3 4 5 6 7 8 9 10
Not at all Average Exceptional

Comments: _____

Did you accomplish what you came to counseling to accomplish?

1 2 3 4 5 6 7 8 9 10
Not at all Average Exceptional

Comments: _____

Did your counselor present herself in a professional manner?

1 2 3 4 5 6 7 8 9 10
Not at all Average Exceptional

Comments: _____

Did your counselor seem knowledgeable about your issues and how to help you?

1 2 3 4 5 6 7 8 9 10
Not at all Average Exceptional

Comments: _____

Did your counselor make known to you other helpful resources (books, tapes, referrals, and community resources)?

1 2 3 4 5 6 7 8 9 10
Not at all Average Exceptional

Comments: _____

Was the cost of the services you received commensurate with the value of the services you received?

1 2 3 4 5 6 7 8 9 10
Not at all Average Exceptional

Comments: _____

Was the pace and duration of your counseling sessions effective for you?

1 2 3 4 5 6 7 8 9 10
Not at all Average Exceptional

Comments: _____

If you knew of someone in need would you be comfortable referring him or her to this counselor?

1 2 3 4 5 6 7 8 9 10
Not at all Average Exceptional

Comments: _____

Please share any specific feedback you have about improving the services offered: _____

_____

_____

Additional feedback you want your counselor to have: _____

_____

_____

_____

Please indicate whether you are giving permission to be quoted anonymously by circling the appropriate words:
YES/NO you HAVE/DO NOT HAVE my permission to use my comments anonymously on your website and in your newsletter/brochures.

_____ _____
Name Date

If you are giving permission to use your comments, please sign the form. Otherwise it is optional.