

I Value Your Feedback

Please indicate which of the following apply to your service.

OVER ALL HOW WOULD YOU RATE THE THERAPUTIC EXPERIANCE?

- Awful Poor Good Outstanding

Your Therapist was:

- Rude / Polite Unfriendly / Friendly
 Difficult to Understand / Spoke Clearly Encouraged growth / Discouraged growth
 Unhelpful / Helpful Did not give me the right tools to go home with /
 Not Listening / Listening and Understanding Gave me the right tools to go home with

Other Information:

- Inappropriately price d / Appropriately priced

Take a few moments and write down something positive that stands out in your mind about your experience (continue on the back if needed):

Take a few moments and write down something that stands out in your mind that you wish could have been different (continue on the back if needed):

Any specific Comments or suggestions about or to your therapist you would like to make? (continue on the back if needed):

How likely are you to recommend to a friend, co-worker, acquaintance, or family member to seek help from your therapist?

- Not at all Not my first choice Most likely All Ready Have

THANK YOU FOR TAKING THE TIME TO FILL THIS FORM OUT. It only serves to improve my efforts in being the most effective therapist. Please return this form in the self-addressed and stamped envelope.