

NAME:

DOB:

DATE:

Session Feedback

Instructions:

Please take a few minutes to fill out this feedback form regarding your last session. Be as honest as possible. Don't worry about hurting my feelings if you have things you would improve. Your honest feedback will help me in providing you the best help possible.

Rate the following statements using a 7 point scale with 1 = I don't agree at all and 7 = I strongly agree.

The session was very helpful.

1 2 3 4 5 6 7

I felt like I was being understood.

1 2 3 4 5 6 7

I felt comfortable expressing my feelings and concerns.

1 2 3 4 5 6 7

I felt like I came away with some good insight.

1 2 3 4 5 6 7

I felt like I learned some new ways to handle my problems.

1 2 3 4 5 6 7

Was there anything in particular that you learned from this session?

Was there anything you wish you would have talked about more?

Is there something in particular you'd like to talk about in our next session?

Other Comments