

## COUNSELLING CENTRE FEED BACK FORM

**Client Name (optional):**

**Type of Service:** Face to Face Counselling  Skype Counselling

**Location:**

**Counsellor's Name:**

<b>Key</b>	
1 = Strongly disagree	4 = Agree
2 = Disagree	5 = Strongly Agree
3 = Neither agree or disagree	

		<i>Strongly Disagree</i>				<i>Strongly Agree</i>
		<i>Circle your answer</i>				
2.	It was easy to make contact with a Counsellor and arrange the first session	1	2	3	4	5
3.	Your Counsellor clearly explained their role and client confidentiality	1	2	3	4	5
4.	Your Counsellor was able to help you explore the issues that you wanted/needed to explore	1	2	3	4	5
5.	I felt that the Counsellor understood my situation	1	2	3	4	5
6.	I felt that the counselling session was helpful in dealing with the issues	1	2	3	4	5
7.	Your Counsellor was respectful and open; you were able to talk to him/her easily	1	2	3	4	5
	I feel that the goals of counselling were met	1	2	3	4	5
8.	The counselling session(s) helped me improve my wellbeing and productivity	1	2	3	4	5
9.	I would recommend this counselling service to other students/staff members	1	2	3	4	5
10.	How would you rate the counselling service out of 5 – strongly agree is 5 is the highest score – strongly disagree the lowest	1	2	3	4	5

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11. Are there any other comments or suggestions you would like to make about the Counselling Centre?

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12. Is there anything, which could be improved?

*Our service:*

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*Our Counselling Room/Location:*

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*Other*

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