

# Client Feedback Form



We invite you to evaluate the quality of services you have received at Christian Counselling Services by providing feedback in the following areas. Please note that the specific information on this form is kept **confidential**. Counsellors will receive a summary with feedback from all their clients to help improve the services they offer. **Your name will not be** connected to the comments you have given.

If you would prefer that your comments are not included in the summary that your counsellor receives, please indicate this by checking this box:

Please exclude my comments from the summary given to my counsellor

## Initial Contact:

How long did it take from your initial phone call to your first counselling appointment?

1 - 5 days       6 - 10 days       10+ days

Was this period satisfactory to you?  Yes  No

Comments: \_\_\_\_\_

## Counselling Experience:

CCS Counsellor: \_\_\_\_\_

Please rate the following statements on a scale of 1-10	Poor			Fair				Excellent		
I felt that my counsellor heard me and understood my concern(s).	1	2	3	4	5	6	7	8	9	10
I felt respected by my counsellor.	1	2	3	4	5	6	7	8	9	10
I felt that I was able to help set the direction for what we discussed and worked on.	1	2	3	4	5	6	7	8	9	10
My counsellor's approach is a good fit for me.	1	2	3	4	5	6	7	8	9	10
I felt comfortable in the space that was offered.	1	2	3	4	5	6	7	8	9	10
I would recommend this service to others.	1	2	3	4	5	6	7	8	9	10
Overall, my satisfaction with the service I received today is:	1	2	3	4	5	6	7	8	9	10

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**Counselling comments** (e.g. how could your counsellor improve services given to you, what was helpful about your counselling session, etc.): \_\_\_\_\_

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**Additional comments** that would improve the overall services offered at Christian Counselling Services (e.g. administrative/service, advertising, availability of information, location, space, etc.):

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Would you like to be added to our monthly e-newsletter list that includes event updates, seminar information, tips for successful living, and encouraging testimonies?

Yes - Please print your email here: \_\_\_\_\_

No

Please leave this form at the CCS reception desk, or fax it to: 306.244.9987, or scan and email it to:

[chcounselling@sasktel.net](mailto:chcounselling@sasktel.net)

**THANK YOU** for your participation! We value your input!