



New Start Counselling And Psychotherapy

Client Feedback Form

This form allows you an opportunity to provide feedback to your counsellor or to New Start Counselling and Psychotherapy after a counselling session, or after any interactions with NSCP. This will help your counsellor's professional development, as well as help, improve the service offered through NSCP. Your feedback is important to us, and we will take it seriously. You DO NOT have to identify yourself.

Please place a mark in the box which is most closely corresponds to how you feel about each statement.

About the working relationship with your counsellor

My Counsellor:	Strongly Agree	Somewhat Agree	No Strong Feeling	Somewhat Disagree	Strongly Disagree
listened to me effectively	<input type="checkbox"/>				
understood things from my point of view	<input type="checkbox"/>				
focused on what was important to me	<input type="checkbox"/>				
accepted what I said without judging me	<input type="checkbox"/>				
showed warmth toward me.	<input type="checkbox"/>				
fostered a safe and trusting environment.	<input type="checkbox"/>				
began and finished our sessions on time.	<input type="checkbox"/>				
followed my lead during our sessions whenever that was appropriate.	<input type="checkbox"/>				
provided leadership during our sessions when/if that was appropriate	<input type="checkbox"/>				
challenged me when/if that was appropriate.	<input type="checkbox"/>				

Any other comments:

ABN: 517 337 002 04

T 0402 055 752

W www.newstartcounselling.net.au

E info@newstartcounselling.net.au



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About the results of working with your counsellor

	Strongly Agree	Somewhat Agree	No Strong Feeling	Somewhat Disagree	Strongly Disagree
The sessions with my counsellor helped me with whatever originally led me to seek counselling.	<input type="checkbox"/>				
Any changes which might have occurred in me because of my counselling have been positive and welcome.	<input type="checkbox"/>				

Any other comments:

Overall Satisfaction

	Very Satisfied	Somewhat Satisfied	No Strong Feeling	Somewhat Dissatisfied	Strongly Dissatisfied
My overall level of satisfaction with the service provided by my counsellor is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Based on my experience, I would recommend my counsellor to others		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>	

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Other comments

Please use the space below for any other comments you would like to bring to your counsellor's attention. (If there are any matters which you specifically would not have wanted to discuss with your counsellor in person, your counsellor would be especially glad to know of these). If you include your name in this section, it will be treated as *CONFIDENTIAL*. If you need more space, please continue using the back or add another page.

Comments:

Name..... Phone Number.....

Date..... Would you like us to contact you to discuss your feedback? Yes No

*Please **do not** fill this out if you wish to remain anonymous*

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