



FEEDBACK FORM

New Life Counselling & Training believe that our services can always be improved and we'd appreciate your time to provide feedback that can help us achieve this. Please note that the responses are anonymous and confidential. As in the counselling process, your honesty is appreciated. Number '10' indicates the highest score.

Age Group: 0-12 13-18 19-30 31-40 41-50 51-60 61+ **Gender:** Male/Female
Presenting Issue: _____ **Name Of Counsellor:** _____

1. How well were your presenting issues addressed? 0 1 2 3 4 5 6 7 8 9 10
Any other comments? _____
2. How satisfied were you with your counsellor? 0 1 2 3 4 5 6 7 8 9 10
Any other comments? _____
3. How well did the counselling process meet your needs? 0 1 2 3 4 5 6 7 8 9 10
Any other comments? _____
4. If the counselling met your needs, what has now changed for you? _____

5. What aspect of the counselling stood out for you? _____

6. In what ways could the counselling have better met your needs? _____

7. Would you recommend New Life Counselling & Training to another person? Yes/No
Reason why: _____
8. Do you have any other comments to make? _____

