

# Counselor Services Evaluation Form

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We appreciate your comments and feedback so that we can continuously improve services.

Counselor's Name:  Today's Date:

How many visits have you had with your counselor?

I was referred by:

Self  Friend  Minister  AACC  Other \_\_\_\_\_

**Directions:**

Please **select** the answer to questions 1-10 by indicating whether you agree or disagree with each statement according to the following:

	Strongly Agree (4)	Agree Mostly (3)	Disagree Mostly (2)	Strongly Disagree (1)	Not Applicable
1. You were provided professional and courteous appointment assistance by phone when you called.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My counselor reviewed information regarding confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My counselor understood my concerns and provided useful information or assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I would return to counseling with this counselor if I believed I needed assistance again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. As a result of counseling I will be able to achieve the goals important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. As a result of counseling I will be able to express my thoughts and feelings more effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. As a result of counseling I have taken steps to make healthy and more balanced choices regarding my emotional, intellectual, physical and spiritual health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. As a result of counseling I have an improved self-concept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. As a result of counseling I am better able to manage my emotions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. As a result of counseling I am better able to cope with psychologically distressful situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any comments or suggestions that you may have using the back of this form. Both positive and negative feedback are welcome. Thank you.