Recovery On Purpose

Client Evaluation Survey

Recently, you (and/ or your family) utilized the psychological services of _____. I am very interested in your reaction to and opinion of the service you received. I am giving you the option of responding to the following questionnaire as a process of providing essential feedback and further enhancing the services received. It is not necessary to leave your name on the survey unless you choose to do so. Please return this form to our receptionist. Thank you for your assistance in this matter.

Overall, how would you rate each of the following areas? (One checkmark for each area please)

	Very Good	Good	Average	Poor	Very Poor
Introduction by _____	☐	☐	☐	☐	☐
Explanation of his/her qualifications	☐	☐	☐	☐	☐
Explanation of clinic policy	☐	☐	☐	☐	☐
Professionalism	☐	☐	☐	☐	☐
Listening skills	☐	☐	☐	☐	☐
Understanding of your situation	☐	☐	☐	☐	☐
Level of knowledge	☐	☐	☐	☐	☐
Therapeutic skills	☐	☐	☐	☐	☐
Overall helpfulness	☐	☐	☐	☐	☐
Appropriate and timely termination of therapy	☐	☐	☐	☐	☐

Your name (if you chose): _____

Problem(s) for which you contacted our office:

Briefly describe any other reactions or feelings which you had about your experience with _____:

Thanks for completing this survey.