

FEEDBACK ON THE IMPACTS OF COUNSELLING

Your feedback is important to us, so that we can ensure the services we provide continue to make a positive change to the people who need it. The information provided in this feedback form may be used for statistical reporting and some comments may be quoted as general feedback with non-identifying information.



The feedback can also be completed on-line through our website www.boptherapyfoundation.co.nz

Thank you for taking the time to tell us what you think about the counselling you have received. We hope the counselling has made a positive difference for you and your family.

Counsellor/therapist Use Only:

Application Number:

Primary Client Age:

Please supply your rating and feedback in the following areas:

WERE YOU CONTACTED QUICKLY ENOUGH TO MEET YOUR NEEDS?

Unsatisfactory 1 · 2 · 3 · 4 · 5 Excellent

DID YOU FEEL YOU WERE TREATED WITH RESPECT?

Unsatisfactory 1 · 2 · 3 · 4 · 5 Excellent

DID THE COUNSELLING SERVICE MEET YOUR NEEDS?

Unsatisfactory 1 · 2 · 3 · 4 · 5 Excellent

WHAT IS DIFFERENT NOW FOR YOU AND YOUR FAMILY? Please tick what applies to you:

- | | |
|---|---|
| <input type="checkbox"/> Greater knowledge, skills and personal awareness | <input type="checkbox"/> Positive changes to family/whanau relationships |
| <input type="checkbox"/> Taken up a new activity, eg exercise or social activity | <input type="checkbox"/> Better able to manage day to day life |
| <input type="checkbox"/> Greater self-confidence | <input type="checkbox"/> More connected to the community |
| <input type="checkbox"/> Reduced drug and alcohol use | <input type="checkbox"/> Happier child/children |
| <input type="checkbox"/> Adjustment to separation and move to positive co-parenting | <input type="checkbox"/> More knowledge and skills about positive parenting |
| <input type="checkbox"/> Anything else not listed above - _____ | |

What change has made the most difference for you and why: _____

Additional Comments: _____
