THE OAK FAMILIES & WELLNESS

Client Counselling Services Evaluation

PRIVATE AND CONFIDENTIAL • Participation is voluntary.

Date: _____ Client name (optional): _____

Number of sessions attended: _____

1. Service satisfaction

Tick one response per statement.

1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree

Evaluation statement	1	2	3	4	5
I felt welcomed and comfortable.	☐	☐	☐	☐	☐
I was treated with dignity and respect.	☐	☐	☐	☐	☐
The social worker listened attentively.	☐	☐	☐	☐	☐
I felt safe expressing my feelings.	☐	☐	☐	☐	☐
My concerns were understood.	☐	☐	☐	☐	☐
Confidentiality was clearly explained.	☐	☐	☐	☐	☐
The counselling addressed my needs.	☐	☐	☐	☐	☐
I gained useful coping strategies.	☐	☐	☐	☐	☐
I feel better equipped to manage my challenges.	☐	☐	☐	☐	☐
I am satisfied with the overall service.	☐	☐	☐	☐	☐

2. Counselling outcomes

How would you describe your emotional wellbeing since receiving counselling?

☐ Significantly improved ☐ Somewhat improved ☐ No change

☐ Somewhat worse ☐ Significantly worse

What did you find most helpful during counselling?

What could we do to improve our services?

Evaluation continued

3. Future support

Would you like to attend additional counselling sessions?

☐ Yes ☐ No ☐ Unsure

Would you recommend our services to others?

☐ Yes ☐ No ☐ Unsure

4. Additional comments

Thank you for your valuable feedback. Your responses help us improve the quality of our services.