

Colchester Institute Counselling Service

Evaluation Form

We are always looking to improve our Counselling Service. Please could you help us by completing this form and rating the following questions about the service provided. Please complete and return this evaluation form in the freepost envelope provided.

All information you provide will be used to monitor and improve the service. *Information is anonymous and confidential will not be used for any other reason but for internal evaluation of the service.*

How or where did you find out about Colchester Institute Counselling Service? (Please circle)

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How do you rate the services publicity methods? (Please circle)

Poor	Fair	Average	Good	Excellent
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How was your overall impression of the service, e.g. service over the telephone, amount of time to get an appointment, quality of information and leaflet? (Please circle)

Poor	Fair	Average	Good	Excellent
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Any Comments:

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How many sessions of counselling did you receive? (Please circle)

1-6	7-12	12-20	21-25
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Did you feel this was an adequate amount of counselling to suit your needs? (Please Circle)

Yes No

How did you find the general approach of your counsellor? *(Please circle)*

Poor	Fair	Average	Good	Excellent
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Any Comments:

How did you rate their professional ability?

Poor	Fair	Average	Good	Excellent
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How do you rate the therapeutic rapport that was established between the counsellor and yourself? *(Please circle)*

Poor	Fair	Average	Good	Excellent
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Any Comments:

Upon reflection was counselling beneficial or not? *(please circle)*

Yes No

Would you recommend the counselling service to other?

Yes No

Any Comments:

Thank you for taking the time to complete this form. Please return in the free post envelope provided.

Office use only

Date Received: