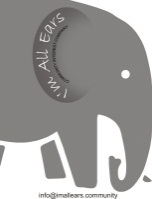
**I’m all ears**

**Date:** …………………………………..

**EVALUATION FORM**

This form allows you an opportunity to provide feedback to I’m all ears and to your counsellor after your sessions have finished. This will help your counsellor’s professional development as well as helping to improve the service offered to others.

***You DO NOT need to identify yourself***

**About Your Working Relationship With Your Counsellor:** (PLEASE SELECT APPROPRIATE)

**Strongly**

**Disagree**

**Some What**

**Disagree**

**No Strong**

**Feelings**

**Some What**

**Agree**

**Strongly**

**Agree**

* My counsellor listened to me effectively.
* My counsellor understood things from my

point of view.

* My counsellor focussed on what was

important to me.

* My counsellor accepted what I said

without judging me.

* My counsellor showed warmth towards me.
* My counsellor fostered a safe and trusting

environment.

* My counsellor began and finished our

sessions on time.

* My counsellor followed my lead during our

sessions whenever that was appropriate.

* My counsellor provided leadership during

our sessions when/if that was appropriate.

* My counsellor challenged me when/if that

was appropriate.

**About Your Results of Working With Your Counsellor**: (PLEASE SELECT APPROPRIATE)

**Some What**

**Disagree**

**Strongly**

**Agree**

**Some What**

**Agree**

**No Strong**

**Feelings**

**Strongly**

**Disagree**

* The sessions with my counsellor helped me
* with whatever originally led me to seek

counselling.

* Any changes that might have occurred in

me as a result of my counselling have

been positive and welcome.

*Continue –*

**Overall Satisfaction:** (PLEASE TICK APPROPRIATE)

**Very**

**Satisfied**

**Some What**

**Satisfied**

**No Strong**

**Feelings**

**Strongly**

**Dissatisfied**

**Some What**

**Dissatisfied**

* My overall level of satisfaction with the

service provided by my counsellor is….

**YES**

**NO**

* Based on my experience I would

Recommend my counsellor/I’m all ears

to others.

**Other Comments:**

Please use the space below to add any other comments you would like to bring to your

Counsellor’s/I’m all ears attention

Thank you for taking the time to answer this questionnaire. Your feedback is important to us.

**Testimonial:** (OPPTIONAL)

Would you like to leave a testimonial, which I’m all ears could add to their WEBSITE?

(DELETE AS APPROPRIATE): NAME: …………………………………………….. INITIALS: ………………………………. ANONYMOUS:

All contributions to this worthy cause are appreciated, to –

**I’m all ears**

Account Number : 24640123

Sort Code : 60 – 11 – 41

Thank You.