

Your Voice Feedback Form

Date.....Venue.....

Yes  No 

1. Was it easy to get an appointment with the Counsellor?

2. How were you feeling before counselling?

Awful	Bad	Okay	Good	Great
<input type="text"/>				

3. How were you feeling after counselling?

Awful	Bad	Okay	Good	Great
<input type="text"/>				

4. How did you hear about Eye to Eye Counselling? (Please select one)

Poster/Leaflet	School	Health	Family/Friend
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Website	Social Media	Planners	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Yes  No 

5. Do you think counselling was a good way to deal with your problem or situation

A few questions about your Counsellor

6. Did you feel your counsellor understood your problem / situation?

7. Did you feel your counsellor helped you talk about your problem / situation

8. Did you feel that your counsellor helped you make a positive difference to your situation/problem?

9. Did you feel your counsellor was respectful and courteous?

10. Would you recommend your counsellor to a friend or your family?

Please turn over

11. What has changed for you since accessing counselling? (Please tick any that apply)

I get along better with others	I feel less angry	I hurt myself less	I am more able to cope
I am more able to concentrate	I am happier	I am more confident	I am kinder to myself

12. Who has noticed these changes?

Family	Teachers/Tutors	Friends	Other

13. Since attending counselling, do you feel you have improved in any of the following? (Please tick any that apply to you)

My school work or work life has improved	My attendance at school or work has improved	My behaviour or attitude toward others has improved

14. How did you feel about the service you received from Eye to Eye overall?

Bad

OK

Good

Great

What would you like to see improved or can you suggest how we can make our service better?

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15. If counselling was not available in school, would you have accessed it elsewhere?

Yes No Can you tell us where/how.....

16. If you wanted to have counselling again, which type of counselling would you prefer?

Face to face with a counsellor Online

17. To help us to develop our services in the future, would you like to be able to access counselling

Telephone	Online	Skype

If you would like us to contact you about your feedback, please leave your preferred method of contact and your details here

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Thank you for your feedback