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| **Therapist Evaluation**  We appreciate your allowing us to provide service to you. We are very interested in feedback, so that we can evaluate our effectiveness and improve our services  We would appreciate your completing this survey. Please do not sign your name. This way you can feel free to be completely honest.  You may return the survey to our office or simply attach a stamp and drop it in the mail. | Your therapist’s understanding of your difficulty:  1 2 3 4 5 N/A  Your therapist’s listening skills:  1 2 3 4 5 N/A  Clear understanding of goals and treatment plan by you and your therapist:  1 2 3 4 5 N/A |  |
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| Name of your therapist: | Frequency and number of sessions with your therapist:  1 2 3 4 5 N/A |  |
| What type of service did you receive:   * Initial Assessment * Testing/Evaluation * Counseling (1-6 Sessions) * Counseling (7 or more sessions) * Biofeedback/Hypnosis * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Assistance with filing insurance claims:  1 2 3 4 5 N/A  Helpfulness of staff with billing questions:  1 2 3 4 5 N/A  Rate your general state of mental health and functioning after your treatment was completed:  1 2 3 4 5 N/A |  |
| Please rate the following services by circling the appropriate number:  1. Unsatisfactory  2. Fair  3. Average  4. Good  5. Excellent  N/A – Not applicable | Rate your likelihood of continuing this treatment on a maintenance plan:  1 2 3 4 5 N/A  Rate your ability to sustain any positive strides you made in treatment with this therapist:  1 2 3 4 5 N/A |  |
| Prompt and helpful scheduling or your initial appointment:  1 2 3 4 5 N/A  Location of Office:  1 2 3 4 5 N/A  Parking:  1 2 3 4 5 N/A | Rate your likelihood of continuing or returning to treatment with this therapist:  1 2 3 4 5 N/A  Rate your likelihood of recommending this therapist to a friend:  1 2 3 4 5 N/A |  |
| Courtesy of office staff on the phone:  1 2 3 4 5 N/A  Courtesy of office staff in the office:  1 2 3 4 5 N/A  Clear understanding of fees prior to treatment:  1 2 3 4 5 N/A  Promptness of your therapist:  1 2 3 4 5 N/A  Cleanliness and pleasantness of the therapist’s office:  1 2 3 4 5 N/A | Comments and suggestions:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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