Counselling evaluation

The following information helps us to improve our services and also helps us to gather information to support us in applying for funding to continue our low cost counselling service. It also gives you a chance to think about the changes which you may have made in your life.

Name of counsellor:

Thinking about your counselling, has there been a change to:

	Less		Same		More
How physically fit and well you feel?	1	2	3	4	5
Your energy levels?	1	2	3	4	5
How confident you feel?	1	2	3	4	5
How well you cope with or manage your emotions?	1	2	3	4	5
How intense your conflicts/disagreements with people are?	1	2	3	4	5
How well you relate with other people?	1	2	3	4	5
How connected you feel to people around you?	1	2	3	4	5
The amount of motivation you have to do things?	1	2	3	4	5
How much enjoyment or fun you get out of life?	1	2	3	4	5

What changes have you noticed in your life?

What changes have you made in your life?

Please answer the following if you have children in your care.

Do you think your children:	Worse		Same		Better
Have noticed a change in you?	1	2	3	4	5
Have noticed a change in the family atmosphere?	1	2	3	4	5
Have noticed a change in how you interact with them?	1	2	3	4	5
Appear to have more settled behaviour?	1	2	3	4	5

What changes have you noticed about your home environment?

Thinking about your counselling:

	Not at all		Okay		Very much
I felt listened too	1	2	3	4	5
I felt supported	1	2	3	4	5
Helped me develop ideas	1	2	3	4	5
I was treated respectfully	1	2	3	4	5
My counsellor's input was helpful	1	2	3	4	5
My counsellor helped me develop appropriate	1	2	3	4	5
strategies					
General comments:					

General comments:

I give permission for my unnamed comments to be used to help develop Catholic Social Services counselling programme. Yes / No

_____Signed _____Date

Thank you for your time completing this evaluation.