

# Client Satisfaction Survey

Your counselor is committed to growth and the improvement of service delivery. Your feedback is welcome and appreciated. Thank you for taking the time to fill out this survey. The information you provide will help guide in making changes for future clients, who will receive counseling with your counselor. You are welcome to remain anonymous.

In the section below please rate your experience by selecting one of the following numbers:

1 = poor, 2 = fair, 3 = average, 4 = good, 5 = excellent, NA = Not applicable

Choose the number that best describes how you felt about each particular item.

Counselor's Name: \_\_\_\_\_

- \_\_\_ 1. The counselor returned my initial call within 24 hours
- \_\_\_ 2. I was able to get an appointment that was convenient to my needs
- \_\_\_ 3. I was able to get an appointment in a timely manner
- \_\_\_ 4. I felt the sessions were productive
- \_\_\_ 5. I felt my counselor was professional
- \_\_\_ 6. I was treated in a professional and courteous manner
- \_\_\_ 7. My counselor heard my concerns and answered my questions
- \_\_\_ 8. I felt that I could trust my counselor
- \_\_\_ 9. I felt my counselor cared about me and really wanted to help
- \_\_\_ 10. I felt that the counseling was helpful and worthwhile
- \_\_\_ 11. I would recommend my counselor to others

The thing that most helped me resolve my issues/problems was: \_\_\_\_\_

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Please provide any other feedback you have about your counseling relationship, experience, & process:

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Name (Optional) \_\_\_\_\_

Please return to: Julia M. Wedemeyer, LPC, at: [juliawedemeyer@gmail.com](mailto:juliawedemeyer@gmail.com)