**End of Service Evaluation Form**

**About the Working Relationship With Your BFTB Counsellor**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Somewhat Agree** | **No Strong Feeling** | **Somewhat Disagree** | **Strongly Disagree** |
| My counsellor listened to me effectively |  |  |  |  |  |
| My counsellor understood things from my point of view |  |  |  |  |  |
| My counsellor focused on what was important to me |  |  |  |  |  |
| My counsellor accepted what I said without judging me |  |  |  |  |  |
| My counsellor showed warmth toward 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 the Results of Working With Your BFTB Counsellor**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Somewhat Agree** | **No Strong Feeling** | **Somewhat Disagree** | **Strongly Disagree** |
| The sessions with my counsellor helped me with whatever originally led me to seek counselling |  |  |  |  |  |
| Any changes which might have occurred in me as a result of my counselling have been positive and welcome |  |  |  |  |  |
| I feel less suicidal and have coping strategies that I can use if I feel myself move into that place again |  |  |  |  |  |
| My confidence has increased and I feel ready to contribute towards helping others in my community more now |  |  |  |  |  |
| My physical health has shown improvements since receiving counselling from BFTB |  |  |  |  |  |

**About the Results of Working With Your BFTB Mentor**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Somewhat Agree** | **No Strong Feeling** | **Somewhat Disagree** | **Strongly Disagree** |
| My mentor helped support me on the next stage of my journey |  |  |  |  |  |
| Any changes which might have occurred in me as a result of my mentor have been positive and welcome |  |  |  |  |  |
| My mentor can help me if I have any challenging thoughts again and reminds me of my coping strategies that I can use if I feel myself move into that place again |  |  |  |  |  |
| My confidence has increased because I have a mentor |  |  |  |  |  |
| My mental health has continued to improve since receiving mentor support from BFTB |  |  |  |  |  |
| My emotional strength has continued to improve since receiving mentor support from BFTB |  |  |  |  |  |
| My physical health has continued to improve since receiving mentor support from BFTB |  |  |  |  |  |

**Overall Satisfaction**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very Satisfied** | **Somewhat Satisfied** | **No Strong Feeling** | **Somewhat Dissatisfied** | **Strongly Dissatisfied** |
| My overall level of satisfaction with the service provided by my counsellor is |  |  |  |  |  |
| My overall level of satisfaction with the service provided by my mentor is |  |  |  |  |  |
| My overall level of satisfaction with the service provided by BFTB is |  |  |  |  |  |

**Your Recommendation**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Based on my experience, I would recommend BFTB to others |  |  |

**Other Comments**

Please use the space below for any other comments you would like to bring to your counsellor’s attention. (If there are any matters which you specifically would not have wanted to discuss with your counsellor in person, your counsellor would be especially glad to know of these.) If you include your name in this section, it will be treated as CONFIDENTIAL.

**Information Use**

I am aware that this evaluation form will be used to evaluate the service provided by BFTB and shared with third parties to improve services provided. I am aware that I can opt out of this service at any time by removing my right for my information to be saved on filr for a period of 1 year in accordance with the GWPR regulations.

**Yes 🖵 No 🖵**

**Optional**

I give permission for the feedback I have provided to be shown on the BFTB website, with any changes made to preserve the anonymity of all individuals and institutions involved.

**Yes 🖵 No 🖵**

**Client Name**

**Client Address**

**Telephone number**

**Therapist Name**

**Mentor Name**

**Thank you for taking the time to complete this form. Please return to Emma Sparks at** [**adminBFTB@protonmail.com**](mailto:adminBFTB@protonmail.com) **or contact admin for a postal address to return it to.**