

Faith-Based Family Counseling Feedback

Family Information

Family Name

Date of Session

Counselor Name

Session Number

Session Feedback

How has your family's faith been integrated into the counseling process?

How effective was the counselor in addressing your family's concerns?

What aspects of the session were most meaningful for your family?

Suggestions for improvement or topics you'd like to discuss in future sessions:

Overall Experience

Rate your overall satisfaction with the counseling services:

Additional Comments