## **Art Therapy Client Feedback Form**

Name (optional)	
Session Date	
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	J
Therapist	
How would you get a voug overell as paging and	
How would you rate your overall experience?	•
How did you feel before the session?	_
How did you feel after the session?	
What was your favorite part of the session?	
How could your experience be improved?	
Additional agreements	
Additional comments	