## **Athlete Mental Health Exit Feedback Form**

Name	
Sport	
Age	
Date	
Experience with Mental Health Services	
Experience with Mental Health Services  How many sessions did you attend?	
Was it easy to access mental health support?	
	V
Did you find the support helpful?	<b>.</b>
Reason for Ending Sessions	
	•
Do you feel your goals were met?	
	•
Barriers Experienced (if any)	
Feedback & Suggestions  What did you find most helpful?	

What could be improved?

Additional Comments		