

Mental Health Counseling Feedback Form

Name

Email

Date of Session

1. How would you rate your overall counseling experience?

☐

1

☐

2

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3

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4

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5

2. Did you feel comfortable with your counselor?

3. Did the counselor help you work toward your goals?

4. What did you find most helpful about your counseling experience?

5. What suggestions do you have for improving our services?

6. Any additional comments?