

Community Counseling Session Feedback Form

Name (optional)

Email (optional)

Session Date

Facilitator's Name

How would you rate your overall experience?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Was the session helpful?

What did you find most helpful about the session?

How can we improve future sessions?

Additional comments or suggestions