



Working Together For Healing and Hope

Client Name: _____
Client Post-Evaluation

Please take a moment and complete this brief evaluation, your name will only be used to compare this evaluation to your pre evaluation to measure the effectiveness of the services we provide for you.

1. What were the difficulties that caused you to seek counseling?

2. Please provide a brief description of how your difficulties were addressed during your counseling

3. Please rate your present level of distress (1=very distressed; 10=no distress)

1 2 3 4 5 6 7 8 9 10
(Low) (High)

4. Please rate your present ability to cope with the difficulty you are experiencing:

(1=Very stressed with little ability to cope; 10= Not stressed about situation and coping very well)

1 2 3 4 5 6 7 8 9 10
(Low) (High)

5. Please rate your present overall life satisfaction:

1 2 3 4 5 6 7 8 9 10
(Low) (High)

6. Do you feel your counselor incorporated your faith perspective into your counseling sessions?

YES NO, please explain: _____

7. Would you recommend the Partnership for Pastoral Counseling to friends, family, colleagues etc...?

YES NO, please explain: _____

Please return this form to your Counselor upon completion of your last session.

Client Reflection

Personal reflections of clients are valuable to the continued work of the Partnership; occasionally we will use some of these comments in letters or brochures. If your comments are used your name will NEVER be used in any of these publications. The Partnership for Pastoral Counseling adheres to a strict confidentiality policy. A copy of our confidentiality policy is available upon request.

What do you feel was the most important factor in your counseling sessions?

Spirituality Comfort level with Counselor Experience of Counselor

Was the location assigned to you to receive counseling convenient for you?
