

IRISE Counseling Services, LLC



CLIENT SATISFACTION SURVEY

We want to hear from you about how we're doing! That's why we've created Client Satisfaction Survey. Complete manually by following the instructions below. Thanks in advance for sharing your thoughts, ideas, suggestions, and frustrations with us.

1. Demographic Information

- a. Name (Optional): _____
- b. Gender: _____
- c. Age: _____
- d. Ethnicity: _____
- e. Parish: _____

2. General Information

- a. Who was/were your therapist(s)? _____
- b. Approximately when did you begin receiving services from your therapist(s)? _____

3. How did you hear about our agency?

4. What services did you receive from this therapist?

- Individual Counseling/Psychotherapy
- Couple Counseling/Psychotherapy
- Family Counseling/Psychotherapy
- Group Support/Counseling
- Supervision/Consultation
- Other (please specify): _____

5. Overall, how do you rate the quality of the following services from your therapist?

| | Excellent | Good | Adequate | Fair | Poor | N/A |
|-----------------------------------|-----------|------|----------|------|------|-----|
| Consultation | | | | | | |
| Intake and Assessment | | | | | | |
| Early Goal Setting | | | | | | |
| Working with Your Goals | | | | | | |
| Collaboration with Your Therapist | | | | | | |

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| | | | | | | |
|---------------------------------------|--|--|--|--|--|--|
| Therapist's Collaboration with Others | | | | | | |
| Closure and Ending | | | | | | |

6. Overall, how do you rate the quality of the attitude or approach from your therapist?

| | Excellent | Good | Adequate | Fair | Poor | N/A |
|-----------------------------------|-----------|------|----------|------|------|-----|
| Listening Skill | | | | | | |
| Offering Support | | | | | | |
| Offering Children | | | | | | |
| Offering Education Material | | | | | | |
| Providing Homework | | | | | | |
| Attending to Detail | | | | | | |
| Starting and Ending On time | | | | | | |
| Follow through on things promised | | | | | | |
| Responding to phone calls | | | | | | |
| Responding to emails | | | | | | |
| Appreciation of Diversity | | | | | | |
| Other: (please specify) | | | | | | |

7. If you privately paid for your services, how do you rate our fees for service?

- Competitive with the local market
- Overpriced
- Underpriced
- Other (please specify): _____

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8. In general, how do you feel about the following:

| | Yes | No | Maybe |
|---|-----|----|-------|
| Would you return for services again? | | | |
| Would you refer your friend and family here for services? | | | |
| If maybe, please specify: | | | |

9. What other comments, suggestions, or feedback would you like to give your therapist?

10. What comments, suggestions, or feedback would you like to give this agency?
