

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?
