

Session Feedback

Name: _____

Date: _____

Was this an:

☐ Initial Session

☐ Follow Up

5 = Excellent/Agree 4 = Good 3 = Average 2 = Fair 1 = Poor/Disagree

Session intake.	5	4	3	2	1
Comments:					

Flow of session.	5	4	3	2	1
Comments:					

	5	4	3	2	1
Felt safe and secure.					
Comments:					

	5	4	3	2	1
Atmosphere of room.					
Comments:					

Sessions reflected the agreed plan:	5	4	3	2	1
Comments:					

What is one thing you'd look forward to again in a future session?

What one thing could have made the session better?