

HOPE COUNSELING CENTER
EXIT INTERVIEW FORM

Please take a few minutes to fill out this exit form. This will help me know how helpful I was to you and how to improve my services in the future. I will maintain your strict confidence. Thank you.

Personal Information

Date _____

Name (optional) _____

Counselor's Name _____

Date of Service _____

Number of Sessions _____

Services Rendered:

___ Individual counseling/adult

___ Individual counseling/child

___ Marital/couples counseling

___ Family counseling

___ Group counseling

___ Family/divorce mediation

___ Emergency intervention

___ Hospitalization

___ Other _____

1. Overall, were you satisfied with the help you received from counseling?

- ___ Highly satisfied
- ___ Somewhat satisfied
- ___ Mixed feelings
- ___ Somewhat dissatisfied
- ___ Highly dissatisfied

2. Compared to the start of counseling, how would you now rate your level of improvement?

- ___ Greatly improved
- ___ Much improved
- ___ Slightly improved
- ___ About the same
- ___ Slightly worse
- ___ Much worse

3. List one or two things that reflect your satisfaction or dissatisfaction with counseling.

4. Did your counselor understand your problem/need?

- ___ Yes, great understanding
- ___ Yes, mostly understood
- ___ Not sure if understood
- ___ No, didn't understand

5. Did your counselor respect your views/values?

- ___ Yes, greatly respected
- ___ Yes, mostly respected
- ___ Not sure
- ___ No, didn't respect

6. Reason for termination (if any)

7. Was your counselor able to guide you to action and resources that helped?

- ___ Yes, clear direction
- ___ Yes, guidance OK
- ___ Not sure
- ___ No, poor guidance

8. Did your counselor rely on Christian resources (prayer, use of Bible, respect for God and Christian values) in helpful ways?

- ___ Yes, very helpful
- ___ Yes, somewhat helpful
- ___ No, not wanted or appropriate
- ___ No, not helpful
- ___ Not sure

9. Were there any problems during counseling with any of the following issues?

- ___ Fee disputes
- ___ Confidentiality
- ___ Sexual actions or communication
- ___ Values/ethnic insensitivity
- ___ Coarse language
- ___ Inappropriate comments
- ___ Too passive, not enough guidance
- ___ Too controlling, not enough listening/support
- ___ Lack of/inaccurate knowledge
- ___ Competent/timely response to emergencies
- ___ Competent/timely phone response
- ___ Improper/incompetent treatment
- ___ Late/poor preparation for sessions
- ___ Poor referral/consultation w/others

Would you recommend Hope Counseling Center and/or your counselor?
