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www.hopcounselingcenter.org

Please take a few minutes to complete this Exit Interview. This will help us know how helpful we were to you and how to improve our services in the future. As always, your information will be held strictly confidential. Thank you!

Personal Information

Date: _____
 Name (Optional): _____
 Counselor's Name: _____
 Dates 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

<p>1. Overall, were you satisfied with the help you received from counseling? <input type="checkbox"/> Highly satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Mixed Feelings <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Highly dissatisfied</p>	<p>2. Was your counselor able to guide you to action and resources that helped? <input type="checkbox"/> Yes, clear direction <input type="checkbox"/> Yes, okay guidance <input type="checkbox"/> Not sure <input type="checkbox"/> No, poor guidance</p>
<p>3. Compared to the start of counseling, how would you now rate your level of improvement? <input type="checkbox"/> Greatly improved <input type="checkbox"/> Somewhat improved <input type="checkbox"/> Slightly improved <input type="checkbox"/> About the same <input type="checkbox"/> Slightly worse <input type="checkbox"/> Much worse</p>	<p>4. Did your counselor rely on Christian resources (prayer, use of Bible, respect for God and Christian values) in helpful ways? <input type="checkbox"/> Yes, very helpful <input type="checkbox"/> Yes, somewhat helpful <input type="checkbox"/> No, not wanted or appropriate <input type="checkbox"/> No, not helpful <input type="checkbox"/> Not sure</p>
<p>5. Please list one or two things that reflect your satisfaction or dissatisfaction with counseling. _____ _____</p>	<p>6. Were there any problems during counseling with any of the following issues? <input type="checkbox"/> Fee disputes <input type="checkbox"/> Confidentiality <input type="checkbox"/> Sexual actions or communication <input type="checkbox"/> Values/ethnic insensitivity <input type="checkbox"/> Coarse language <input type="checkbox"/> Inappropriate comments <input type="checkbox"/> Too passive, not enough guidance <input type="checkbox"/> Too controlling, not enough listening/support <input type="checkbox"/> Lack of/inaccurate knowledge <input type="checkbox"/> Competent/timely response to emergencies <input type="checkbox"/> Competent/timely phone response <input type="checkbox"/> Improper/incompetent treatment <input type="checkbox"/> Late/poor preparation for sessions <input type="checkbox"/> Poor referral/consultation with others</p>
<p>7. Did your counselor understand your problems/need? <input type="checkbox"/> Yes, great understanding <input type="checkbox"/> Yes, mostly understood <input type="checkbox"/> Not sure if understood <input type="checkbox"/> No, did not understand</p>	
<p>8. Did your counselor respect your views/values? <input type="checkbox"/> Yes, greatly respected <input type="checkbox"/> Yes, mostly respected <input type="checkbox"/> Not sure if understood <input type="checkbox"/> No, did not respect</p>	

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

