Individual Counseling Evaluation Form
for Survivors of Sexual Assault/Abuse

This is an anonymous questionnaire. Please do not put your name on it. We value your feedback, and the answers you provide will be used to improve the services we provide. Thank you in advance for taking the time to answer to the following questions.

I attended the following number of counseling sessions (please check one):

- [ ] 1-3 sessions
- [ ] 4-20 sessions
- [ ] 21-40 sessions
- [ ] more than 40 sessions

Please check the box under the response that best matches how you feel:

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<th></th>
<th>Very Much / A Lot</th>
<th>Some what</th>
<th>A little</th>
<th>Not at All</th>
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<td>My counselor would offer information about community resources I might need now or in the future.</td>
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<td>I feel more in control of my life than I did before starting the counseling.</td>
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<td>I know more ways to plan for my safety.</td>
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<td>I know more about community resources I might need.</td>
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<td>I found your counseling services to be helpful to my healing process.</td>
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<td>I have a better understanding of common reactions to sexual violence.</td>
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When I think about what I wanted to get out of counseling, I would say (please check one):

- [ ] It has met all or exceeded all of my expectations
- [ ] It has met most of my expectations
- [ ] It has met some of my expectations
- [ ] It has met few or none of my expectations

Comments: __________________________________________________________
_________________________________________________________________

If a friend of mine told me that they were thinking of using your services I would:

- [ ] Strongly recommend that they contact you
- [ ] Suggest that they contact you
- [ ] Suggest that they NOT contact you
- [ ] Strongly recommend that they NOT contact you

Because: __________________________________________________________
_________________________________________________________________

- over -
Thinking about how long you had to wait to get your first appointment, are you:

☐ Satisfied with the amount of time it took   ☐ Not satisfied with the amount of time it took

Because: ________________________________________________________________

The times that I have been able to schedule an appointment:

☐ Met my needs   ☐ Did not meet my needs

Because: ________________________________________________________________

In thinking about how you are treated by Turning Point staff, do you feel that you are:

☐ Completely Respected   ☐ Somewhat Respected

☐ Somewhat Disrespected   ☐ Completely Disrespected

Because: ________________________________________________________________

I am:  ☐ Female   ☐ Male   ☐ Transgendered

I am:  ☐ under 18   ☐ 18-29   ☐ 30-44   ☐ 45-64   ☐ 65 and over

I consider myself to be:

☐ African American/Black   ☐ Native American

☐ White/Caucasian   ☐ Latina/Hispanic

☐ Asian/Pacific Islander   ☐ Arabic/Chaldean

☐ Multiracial   ☐ Other (please describe): ________________________________

I am a person with (please check all that apply):

☐ a physical disability   ☐ an emotional/psychiatric disability

☐ a hearing disability   ☐ an alcohol/chemical disability

☐ a visual disability   ☐ a learning/developmental disability

☐ a cognitive disability   ☐ other disability

☐ no disability

Any additional comments, suggestions or statements?

☐ Please check this box if you give us permission to share your comments on PR materials and/or funding reports. Again, this information will remain anonymous.

Thank you again for taking the time to fill this out — we will use your comments to continue to improve our services! And please contact us if you should need anything.

From the Domestic Violence Evidence Project of the National Resource Center on Domestic Violence

More evaluation tools and tips can be found at http://www.dvevidenceproject.org/evaluation-tools/