

## 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:**

	Very Much / A Lot	Some what	A little	Not at All
My counselor would offer information about community resources I might need now or in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel more in control of my life than I did before starting the counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know more ways to plan for my safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know more about community resources I might need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found your counseling services to be helpful to my healing process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a better understanding of common reactions to sexual violence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_

\_\_\_\_\_

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.***