

Client Satisfaction Survey

We invite you to complete this questionnaire to evaluate our services. Your responses will be treated in the strictest confidence. Please circle the number that best describes your evaluation of our service and return in the enclosed envelope.

How did you become aware of our services ? _____

Effectiveness of our Service	Significantly improved	Improved	Remained the same	Slightly worsened	Worsened
The situation that brought me to counselling has:	5	4	3	2	1
My ability to deal with my concerns have:	5	4	3	2	1
My personal life has:	5	4	3	2	1
My relationship with others has:	5	4	3	2	1
My situation at work has : (If applicable)	5	4	3	2	1

Quality of our Service	Very high	High	Medium	Low	Very low
My satisfaction with my counselling is:	5	4	3	2	1
My satisfaction with my counsellor(s) ability to make me feel at ease and help me talk about my concern is:	5	4	3	2	1
My satisfaction with my counsellor(s) ability to help me is:	5	4	3	2	1

Administration of Service

Number of Sessions Received: ☐ 1- 4 sessions ☐ 5 - 9 sessions ☐ 10 or more

The number of sessions was sufficient ☐ Yes ☐ No

The response time to my request for services was acceptable: ☐ Yes ☐ No

If you were to seek help again, would you come back to our service? ☐ Yes ☐ No ☐ Don't Know

If asked, would you tell others to use our services? ☐ Yes ☐ No ☐ Don't Know

The reason why you are no longer coming to our service is because:

☐ I no longer need help ☐ I am not satisfied with the services received

☐ Other (please specify) _____

We continually strive to offer our clients quality services and therefore, we would greatly appreciate any other comments / recommendations / concerns you may have with regards to the agency and/or the services being offered:

Your name (Optional): _____

Name of your worker (Optional): _____

Other ways to submit survey:

In Person

9 Oakland Blvd., Suite 2 Elliot Lake ON P5A 2T1
Mon to Fri: 8:30 a.m. to 4:30 p.m

By Fax

Fax: 705-848-9687

(Disponible en version française)