

Client's Report of Counseling Session Julianna Poor Memorial Counseling Center

Counselor: _____

Date: _____

Using the scale from 0 to 3 below, rate the extent to which you feel each of these statements is true.

0 – I do not feel this statement is valid.

2 – I feel this statement is moderately valid.

1 – I feel this statement is somewhat valid.

3 – I feel this statement is extremely valid.

_____ I benefited from the sessions with my counselor.

_____ I feel that I can trust my counselor.

_____ My counselor sometimes does not seem to be completely genuine.

_____ My counselor thinks I am worthwhile.

_____ My counselor pretends to like me more than he or she really does.

_____ My counselor demonstrated an appropriate range of knowledge in addressing the issues during the counseling session.

_____ My counselor provided insights to the issues that I was facing.

_____ My counselor usually understands what I say to him or her.

_____ My counselor sometimes does not seem to care what happens to me.

_____ My counselor was friendly and warm to me.

_____ My counselor sometimes does not understand my description of how I feel.

_____ My counseling I received was from a Biblical perspective.

_____ My counselor is sympathetic and concerned about me.

_____ My counselor sometimes acts condescending and talks down to me.

_____ My counselor's appearance (grooming and hygiene) was appropriate and professional.

_____ I would feel comfortable recommending my counselor to someone I know.

Comments: _____

Was anything said during the sessions that irritated you, rubbed you the wrong way, or which you disagreed with? Describe any negative feelings you had during the session:

Was anything in the sessions particularly helpful or useful? Was there anything learned that you would like to further develop? Briefly describe key points covered: