



**EVALUATION of  
Olive Branch Counseling Center**

Please help us improve our program by answering some questions about the services you received at Olive Branch Counseling Center. We are interested in your honest opinion, whether positive or negative. Please answer all of the questions. The demographic section helps us ensure that the responses are representative of individuals from different backgrounds. Therefore, we know if one group is under-represented.

**THANK YOU FOR TAKING THE TIME TO COMPLETE THESE 25 QUESTIONS.  
WE APPRECIATE YOUR HELP!**

**Client Demographics:** (Please check the appropriate items for each category.)

1. Gender:  Female  Male    2. Age (Yrs):  0-12  13- 17  18-30  31-45  46 -64  65+
3. Race:  African American     American Indian, Eskimo or Aleut     Asian or Pacific Islander  
 Caucasian     Hispanic     Multiracial     Other: \_\_\_\_\_
4. Persons in Household:  1  2  3  4  5  6  7  8  Other [fill in number]: \_\_\_\_\_
5. Annual Household Income:  \$0 - \$24,000     \$24,001-\$28,000     \$28,001-\$34,000  
 \$34,001-\$40,000     \$40,001-\$46,000     \$46,0001-\$49,000     \$49,001-\$54,000  
 \$54,001-\$59,000     \$59,001-\$64,000     \$64,001 -\$66,000     \$66,001 and above

6. The name of the therapist that you saw for counseling: \_\_\_\_\_

7. If the service you received was counseling, what type was it?

Individual     Marriage/Couples     Family     Child/Adolescent     Group     N/A

8. How many sessions have you had so far?  One     Two or Three     Four to Eight     Eight or More     N/A

9. How were you referred to us?  Another client     Insurance     Telephone Book/Directory     Probation Dept.

Dept. Of Children's Services     Website     Church [Name \_\_\_\_\_]

School [Name \_\_\_\_\_]     Other \_\_\_\_\_

<p><b>10. Where are you in the counseling process?</b></p> <p><input type="checkbox"/> At the beginning of counseling, just started</p> <p><input type="checkbox"/> About halfway through counseling</p> <p><input type="checkbox"/> Nearly finished with counseling</p> <p><input type="checkbox"/> I have completed counseling</p> <p><input type="checkbox"/> I have occasional tune-ups</p> <p><input type="checkbox"/> This was a one time event</p>	<p><b>11. In regard to the way my last counseling session ended:</b></p> <p><input type="checkbox"/> I am continuing counseling</p> <p><input type="checkbox"/> I had a concluding session with my therapist</p> <p><input type="checkbox"/> I did not keep my last appointment</p> <p><input type="checkbox"/> I called about my last appointment</p>
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Please rate the Center's performance based on your experience so far.

	Strongly Disagree	Disagree Somewhat	Neutral	Agree Somewhat	Strongly Agree	N/A
12. The Center was prompt in responding to my request for help.						
13. There was a sense of welcome and respect.						
14. There was a high level of confidentiality.						
15. The services were helpful to me.						
16. I have benefited emotionally from this experience.						
17. I have benefited spiritually from this experience.						
18. The services have helped me to deal more effectively with my concerns.						
19. I was referred to appropriate resources for my particular needs (doctors, assessments, food banks etc.)						
20. The business aspects were well managed (e.g. charges, insurance, scheduling).						
21. I would use Olive Branch Counseling Center services again if I needed them.						
22. I would recommend Olive Branch Counseling Center to others.						
23. I have confidence in my therapist's knowledge and competency.						

24. Were there any negative and/or positive outcomes from your experiences in counseling from our Center?

Do you have any suggestions for our services? Please explain: \_\_\_\_\_

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25. Do you have specific feedback for your therapist?

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**THANK YOU FOR YOUR HELP IN PROVIDING THIS INFORMATION!**