**Client Feedback Form**

**Moving Forward Family Services** greatly appreciates feedback from clients who use our service. The information you provide will help us to continue improving our service. *Please* ***DO NOT******identify yourself****.*

Please tick the boxes that best describe your view.

1. **Overall, I am satisfied with the service I have received.**

Strongly agree 🞐 Agree 🞐 Not sure 🞐 Disagree 🞐 Strongly disagree 🞐

1. **I felt supported by the counsellor**

 Strongly agree 🞐 Agree 🞐 Not sure 🞐 Disagree 🞐 Strongly disagree 🞐

1. **My counsellor was respectful and professional towards me**

 Strongly agree 🞐 Agree 🞐 Not sure 🞐 Disagree 🞐 Strongly disagree 🞐

1. **My knowledge and skills to deal with this issue increased.**

 Strongly agree 🞐 Agree 🞐 Not sure 🞐 Disagree 🞐 Strongly disagree 🞐

1. **I am more confident in being able to handle important issues in my life.**

 Strongly agree 🞐 Agree 🞐 Not sure 🞐 Disagree 🞐 Strongly disagree 🞐

1. **I would recommend this service to others**

Strongly agree 🞐 Agree 🞐 Not sure 🞐 Disagree 🞐 Strongly disagree 🞐

**Are there any other comments you would like to make?**

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*Thank you for your time and effort*