

# COUNSELING EVALUATION FORM

BIBLICAL COUNSELING CENTER  
825 4<sup>TH</sup> Street West Ste. 1-B Palmetto, FL 34221

Name of counselor: \_\_\_\_\_

Period of time counseled: \_\_\_\_\_

Reason for counseling: \_\_\_\_\_

If you answer "no" to any of the questions below please explain why.

1. Do you think you were professionally treated?
2. Did your counseling encourage you to have an more intimate relationship with God?
3. Are you satisfied that the problem or issue you initially came for has been adequately treated?
4. If you were given "homework" was it helpful and practical?
5. Do you think you were reasonably charged for the costs of your counseling?
6. Was the office courteous and helpful?
7. Would you return or recommend someone else to be helped by this counselor?

Name of counselee: \_\_\_\_\_ Date: \_\_\_\_\_