

# TURNING POINT COUNSELING SURVEY

We would like to ask you to help. We care about you and want to know if you are receiving the help you are seeking. Your response to this survey will help us refine our skills and improve our services for future clients. The five minutes that it would take to provide us your candid remarks would be greatly appreciated.

**PLEASE PRINT OR WRITE CLEARLY**

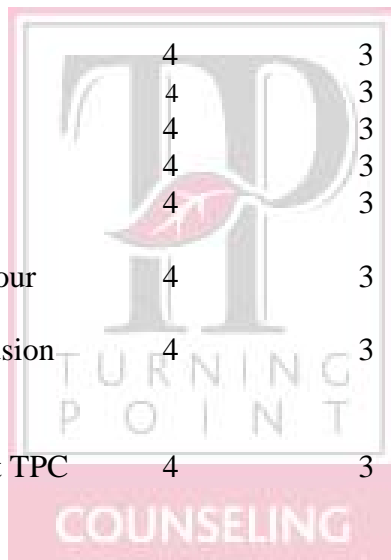
**Your Name :** (optional) \_\_\_\_\_

<b>Office Staff</b>	Excellent	Average	Above Average	Unsatisfactory
Courtesy and efficiency	4	3	2	1
Explanations of services and fees	4	3	2	1
Helpfulness	4	3	2	1

**Your Therapist** (Please include) Name: \_\_\_\_\_

Availability to you	4	3	2	1
Explanation of your contract	4	3	2	1
Explanation of your treatment	4	3	2	1
His/her ability to relate with you	4	3	2	1
His/her ability to help you to further <u>understand</u> your problem	4	3	2	1
His/her ability to help you <u>resolve</u> your problem	4	3	2	1
Overall personal goals met at conclusion of treatment	4	3	2	1

**Overall Rating** of your experience at TPC      4                      3                      2                      1



Additional Comments: Your comments about any aspect of your counseling experience would be much appreciated. What could we have done to make your experience at TPC more beneficial? What was most helpful to you? Tell us about your Turning Point story.

THANK YOU for your help.

**[www.turningpointcounseling.org](http://www.turningpointcounseling.org)**

If we can be of service in the future, please give us a call at 800-998-6329  
or email us at [info@turningpointcounseling.org](mailto:info@turningpointcounseling.org)

Please refold this form with **T**urning Point Counseling's address showing on the front

**TURNING POINT COUNSELING**  
915 W. Imperial Hwy, Ste 150  
Brea, Ca 928221

Place  
Postage  
Here



ATTENTION: Frances J. Harvey  
**TURNING POINT COUNSELING**  
915 W. Imperial Hwy, Ste 150  
Brea, Ca 928221