

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.

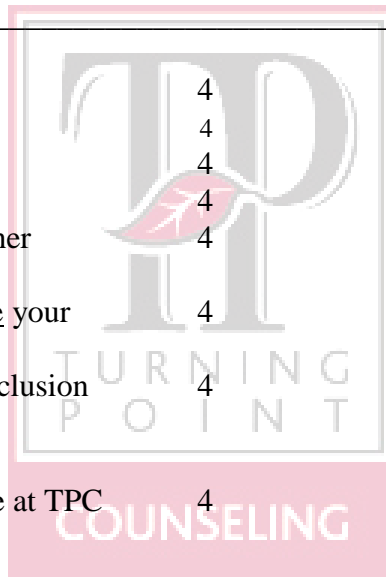
PLEASE PRINT OR WRITE CLEARLY

Your Name : (optional) _____

Office Staff	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 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

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

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

TURNING POINT COUNSELING
14943 Desman Road
La Mirada, CA 90638

Place
Postage
Here



ATTENTION: TPC SURVEY
TURNING POINT COUNSELING
14943 Desman Road
La Mirada, CA 90638