To help us ensure that we are providing a high quality service, we would greatly appreciate your time and consideration in completing this evaluation form. Your opinion is valued and we thank you for your honesty.

Date: ________________________________

School: ____________________________  Counsellor/s Name: ______________________________________

Male ☐  Female ☐  Are you Aboriginal or Torres Strait Islander? Yes ☐  No ☐  Both ☐

Child’s year level:  R ☐  1 - 2 ☐  3 - 4 ☐  5 - 6 ☐  7 ☐
  8 - 9 ☐  10 - 11 ☐  12 ☐

How helpful have the school counselling sessions been?

Very helpful ☐  Mostly helpful ☐  Not at all ☐

If ‘not at all’ please give details why?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Do you feel like your School Counsellor understands your needs / your child’s needs?

Completely ☐  Mostly ☐  Not at all ☐

If ‘not at all’ please give details why?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Have you/your child gained new skills in areas to address the reasons you/they sought counselling to begin with?

Agree ☐  Disagree ☐  Don’t know ☐

Have you/your child participated in any workshops that have been run by the school counsellor?

Yes ☐  No ☐  Don’t know ☐

If ‘yes’ please give details below
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
What areas would you like to see workshops focus on?

- Anger Management
- Bullying
- Self-esteem
- Friendships
- Separation of parents
- Other

If ‘other’ please state what areas

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Any other comments:

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Thank you for your participation