THE LISTENING EAR CMS (COUNSELING AND MEDIATION SERVICES)
info@thelisteningearcms.com, 615-767-3564, 2245 Rosa L. Parks Blvd, P.O. Box 281262, Nashville, TN 37228-9998

ADULT COUNSELING EVALUATION FORM

Client Information (Optional) Counselee's name: _____ Date: _____

Counselor Name: _____ Number of Sessions Attended: ☐ 1–3 ☐ 4–6 ☐ 7–10 ☐ 10+

Instructions: For Sections A–D, please rate each statement using the following scale:

1 = Strongly Disagree
2 = Disagree
3 = Neutral
4 = Agree
5 = Strongly Agree

Section A: Counselor Professionalism

1. The counselor was punctual and respectful of my time.
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. The counselor behaved in a professional and ethical manner.
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. The counselor explained confidentiality and its limits clearly.
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. The counselor created a safe and non-judgmental environment.
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Section B: Counselor Skills and Approach

5. The counselor listened attentively to my concerns.
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. The counselor demonstrated empathy and understanding.
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. The counselor asked helpful and relevant questions.
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
8. The counselor respected my values, beliefs, and background.
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
9. The counselor involved me in setting goals for counseling.
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

ADULT COUNSELING EVALUATION FORM (CONT'D)

Section C: Counseling Process and Outcomes

10. I understood the purpose and focus of our sessions.
    ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
11. The counseling sessions addressed my main concerns.
    ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
12. I gained useful insights or skills from counseling.
    ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
13. Counseling helped me make positive changes or progress.
    ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
14. I feel more capable of coping with my challenges.
    ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐

Section D: Overall Experience

15. I am satisfied with the counseling services I received.
    ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
16. I would recommend this counselor to others.
    ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
17. Overall rating of the counselor:
    ☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

Section E: Open-Ended Feedback

18. What aspects of the counselor's approach were most helpful?

19. What aspects of counseling could be improved?

20. Additional comments or suggestions:

Thank you for taking the time to complete this evaluation. Your feedback is valuable and appreciated.