



**PARENT FEEDBACK SHEET**

We would like to hear your thoughts on the child counselling service at the CRDVS. This information will help us to better serve our clients in the future, so please be honest in your responses. All responses are confidential. Please do not place your name on any part of this survey.

**1. How would you rate the overall level of service provided by the child counselling section of the CRDVS? Circle one number below.**

1 poor	2	3 average	4	5 excellent
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**2. How comfortable did you feel working with the Child Counsellor?**

1 very uncomfortable	2	3 okay	4	5 very comfortable
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**3. How comfortable do you believe your child(ren) felt in attending counselling?**

1 very uncomfortable	2	3 Okay	4	5 very comfortable
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**4. Were your children given the chance to talk about their feelings?**

1 Not at all	2	3 Somewhat	4	5 Very much so
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**5. Do you feel that attending counselling has been a valuable experience for your child(ren)?**

- Yes  No

Why?  
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**6. If required, did staff help you on ways to support your child(ren) and respond to their needs?**

1	2	3	4	5
Not at all		Somewhat		Very much so

**7. What helped you and your children to feel welcome at the DV Centre?**

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**8. What was the main goal you hoped would be achieved?**

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**9. Do you think counselling helped towards achieving this goal?**

1	2	3	4	5
Not at all		Somewhat		Very much so

**10. What were the things that you liked about the service?**

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**11. What are the things that you disliked about the service?**

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**12. Are there any other comments or suggestions you would like to make?**

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**Thank you for your input to our service and we wish you the very best for the future!**