



# CARE AND COUNSELING CENTER of Georgia

OFFERING HEALING, HOPE AND EDUCATION IN THE PASTORAL TRADITION

WWW.CCCGEORGIA.ORG

## 2010 Counseling Client Evaluation

**Instructions:** Thank you for your willingness to provide this valuable feedback. CCCG is committed to meeting the needs of our clients and community and it is helpful to us to hear from our clients. Your answers are strictly confidential. For each statement below, please circle the number that best expresses your opinion.

**1-Strongly Disagree 2-Disagree Some 3-No Opinion 4-Agree Some 5-Strongly Agree**

### Part I - New Client Information (Please complete this section if you have begun working with your CCCG Counselor in 2010. If you became a client before 2010, you may skip to Part II.)

- a. I was able to get my first appointment in a timely manner 1 2 3 4 5
- b. The counseling location I visit is conveniently located for me 1 2 3 4 5
- c. The counseling space seems welcoming to me 1 2 3 4 5
- d. I quickly developed trust in my counselor 1 2 3 4 5
- e. My counselor is both caring and professional 1 2 3 4 5
- f. I feel listened to and understood by my counselor 1 2 3 4 5
- g. My counselor helps me identify my concerns & we discuss them 1 2 3 4 5
- h. I am satisfied with the care I have received so far 1 2 3 4 5

1. How many counseling sessions have you had to date?

- 1 to 3     4 to     8 to 15     More than 15

### Part II - Working with your CCCG Counselor

2. What type of counseling are you receiving?

- Individual     Couple's     Family     EAP     Other: \_\_\_\_\_

3. Which phrases below match your counseling experience? (Select all that apply)

- This is my first experience in counseling
- I was reluctant to begin counseling at first (this time in counseling)
- I look forward to my counseling appointments
- Counseling is challenging for me
- Counseling has made a significant positive difference in my life
- People close to me see a change in me since I started counseling
- My counseling benefits me spiritually or strengthens my faith
- I am satisfied with the counseling I have received
- I would recommend CCCG to others seeking counseling

4. Please select which location(s) you visit for CCCG counseling:

- |  |  |
|--|--|
| <input type="checkbox"/> Alpharetta (Harmony House Counseling Site)      | <input type="checkbox"/> Duluth (Duluth Counseling Center)                                       |
| <input type="checkbox"/> Atlanta (St. Paul's Episcopal Church)           | <input type="checkbox"/> Dunwoody (Perimeter Counseling Center)                                  |
| <input type="checkbox"/> Buckhead (Cathedral Counseling Center)          | <input type="checkbox"/> Gainesville (Gainesville Counseling Center)                             |
| <input type="checkbox"/> Buckhead (Wieuca Counseling Center)             | <input type="checkbox"/> Marietta (Turner Chapel)  |
| <input type="checkbox"/> Conyers-Covington (CCCG Rockdale & Newton)      | <input type="checkbox"/> Marietta (Lutheran Church of the Resurrection)                          |
| <input type="checkbox"/> Conyers-Covington (Conyers Presbyterian Church) | <input type="checkbox"/> Roswell (Roswell Counseling Center at First Baptist Church of Roswell)  |
| <input type="checkbox"/> Cumming (Cumming First UMC Counseling Center)   | <input type="checkbox"/> Sandy Springs (High Point Counseling Center at Church of the Atonement) |
| <input type="checkbox"/> Decatur (CCCG Main Office)                      | <input type="checkbox"/> Stone Mountain (Smoke Rise Counseling Center)                           |
| <input type="checkbox"/> Decatur (Verdery Counseling Center of FBCD)     |  |

5. Gender:  Male       Female       Transgender       Intergender

6. Zip-Code: \_\_\_\_\_

7. Age:  18-29       30-49       50-64       65 or over

8. I visit a CCCG location that is convenient to my:

- Home    Work/School

9. My current employment status:

- Full-time     Part-time     Unemployed     Self-employed     Retired  
 Multiple Jobs     Stay at home parent     Student

11. I was referred to CCCG by:

- Friend/Family     Minister/Church Staff     Insurance     Co-worker/EAP     Internet Search

12. (Optional) Please add any additional comments:

13. (Optional) Name of your counselor \_\_\_\_\_

14. Do you have a suggestion for a church or other location CCCG should explore for a new partnership?  
(Please name the location and a contact person)

**Please return this form to your counselor or mail it to CCCG at 1814 Clairmont Road, Decatur GA 30033**

Office Use Only    Location # \_\_\_\_\_