Centacare
Catholic Country SA

Feedback Form

DATE: PLACE:

COUNSELLOR/S NAME:

IS SOMEONE HELPING YOU FILL IN THIS FORM? ☐ YES ☐ NO

☐ PARENT ☐ SUPPORTING ADULT ☐ CARER

Your opinion is valued, and we thank you for your honesty. We invite you to express your opinion about the things that affect you and let us know that we have been helpful and provided a safe and comfortable environment for you.

About You

GENDER: ☐ FEMALE ☐ MALE ☐ OTHER

DO YOU IDENTIFY AS ABORIGINAL OR TORRES STRAIT ISLANDER? ☐ YES ☐ NO ☐ BOTH

ARE YOU ATTENDING SCHOOL? ☐ YES ☐ NO

PLEASE TICK YEAR LEVEL: ☐ RECEPTION ☐ 1 - 2 ☐ 3 - 4 ☐ 5 - 6 ☐ 7 ☐ 8 - 9 ☐ 10 - 11 ☐ 12

WE WANT YOU TO THINK ABOUT YOUR TIME WITH US.
IF A FRIEND NEEDED THE SAME KIND OF CARE OR HELP AS YOU, DO YOU THINK THEY SHOULD COME HERE?

DID VISITING US HELP MAKE A DIFFERENCE?

How do you feel about the following.. (please select the box)	GREAT	GOOD	NOT GOOD	BAD	DOES NOT APPLY
YOUR TIME WITH US	○	○	○	○	○
THE WAY YOU WERE LISTENED TO	○	○	○	○	○
THE WAY YOUR COUNSELLOR UNDERSTANDS YOU	○	○	○	○	○
THE WAY YOU WERE TREATED	○	○	○	○	○
THE COUNSELLING ENVIRONMENT (I.E. THE ROOM)	○	○	○	○	○
COMING BACK TO SEE A COUNSELLOR	○	○	○	○	○

HOW CAN WE DO BETTER/ANY OTHER COMMENTS (WE REALLY WANT TO HEAR YOUR IDEAS)

☐ Please tick this box if you DO NOT want anyone else to see your comments

Thank you for your participation!