**Session Feedback Form**

Your feedback is important to us
You can help us improve our services by completing this form.

**1. What service(s) did you access?**

|  |  |
| --- | --- |
| □ Therapy/Counselling for 0-17 yrs | □ Reiki 18+ yrs |
| □ Therapy/Counselling for 18+ yrs | □ Parent support |
| □ ISVA (Independent Sexual Violence Advisor) under 17 yrs |  |
| □ ISVA (Independent Sexual Violence Advisor) 17+ yrs |  |

**2. How did you access support today?**

|  |
| --- |
| □ Telephone Call |
| □ Email Support |
| □ Online (Teams) |
| □ Text Support |
| □ Web Chat |
| □ Face to Face |

**3. To what extend did the service meet your needs today?**

1 2 3 4 5

**Not at all** **Completely**

**4. What did you get from today’s support? (tick as many that apply)**

|  |  |
| --- | --- |
| □ Someone to talk to | □ Helped me to relax |
| □ Someone to listen | **□** To feel happier |
| □ To help keep and feel safe | **□** Support around attending court |
| □ Someone able to explain the police investigation to me | **□** Feel better informed to make decisions around the criminal justice system – (policeinvestigation & court process) |
| □ To like myself more | **□** To help me explain something |
| □ To get a better understanding of how trauma has affected me | **□** To talk about and get support for my mental health |
| □ To agree the next steps and discuss my support needs | **□** To work something out that I didn’t understand |
| □ Other – please add: |  |

**5. If you have accessed support remotely, how did you find your online/telephone support in comparison to face to face support?**

|  |
| --- |
| □ Less helpful |
| □ Same – not much difference |
| □ More Helpful |
| □ Less travel |
| □ More convenient |
| □ Wasn’t offered face to face support |

**6. Could we have done anything differently to make the support better?**

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**7. Please provide a statement that sums up how you feel now or any feedback you would like to give about the service you received?**

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Demographic information**

Gender identity (please state) ……………………………………………………………………

* Prefer not to answer

Sexual orientation (please state) ………………………………………………………..………

* Prefer not to answer

Ethnicity (please state) …………………………………………………………………………….…

* Prefer not to answer