


# EVALUATION FORM

We highly value your feedback and suggestions to assist us with the ongoing quality improvement of our services.

**Client Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Was Āwhina Whānau Services easy to locate?**

			
Unhappy	Unsure	Satisfactory	Excellent

**Were the Āwhina Whānau team friendly and welcoming?**

			
Unhappy	Unsure	Satisfactory	Excellent

**I felt my counsellor understood me and my situation**

			
Unhappy	Unsure	Satisfactory	Excellent


**I felt the counselling session helped me with the issues**

			
Unhappy	Unsure	Satisfactory	Excellent

**The counselling sessions helped improve my wellbeing and health**

			
Unhappy	Unsure	Satisfactory	Excellent

**The counselling sessions helped me improve my understanding and awareness**

			
Unhappy	Unsure	Satisfactory	Excellent

**Would you recommend Āwhina Whānau Services to others?** **Yes** **No**

**Comments and suggestions**

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*Thank you for your valued feedback.*

Office use only: Entered into Exess \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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|---|---|
| <input type="checkbox"/> Counselling – Individual/Relationship (F&CC) | <input type="checkbox"/> Rangatahi PMHA |
| <input type="checkbox"/> SH Crisis Support Services (SHCSS)           | <input type="checkbox"/> Turangawaewae  |
| <input type="checkbox"/> SH Crisis Support Child/Youth (SHCSS CY)     | <input type="checkbox"/> Tamariki Kaha  |
| <input type="checkbox"/> FV/Te Rito (TROTW)                           | <input type="checkbox"/> Dev Hub        |
| <input type="checkbox"/> Youth Development (YDP MSD)                  | <input type="checkbox"/> Hauora Clinic  |
| <input type="checkbox"/> Youth Mentoring/SW (YJ FW)                   |   |