

Online Program Evaluation

We are interested in improving the services provided by Hamburg Counseling Service. Please check the most appropriate box and add any comments. Your comments will be anonymous unless you wish a response. When finished please check below to email.

Staff and Services:

Did you find the office staff helpful, courteous, respectful and friendly?

Mostly _____

Sometimes _____

Not Usually _____

Comments: _____

Was your therapist knowledgeable about the reasons that brought you to seek services from us?

Yes _____

Somewhat _____

No _____

Comments: _____

Did you find that your therapists was easy to talk to and offered you helpful information and good support?

Very Much _____

Somewhat _____

Not Much _____

Comment: _____

Would you feel comfortable recommending Hamburg Counseling Service to others in need?

Very Much _____

Somewhat _____

Probably not _____

Comment: _____

How could we improve the overall quality of your treatment at Hamburg Counseling Service?

Your Rights

If you had a complaint about your care,
do you know how to make a grievance?

Yes _____

No _____

Optional Only

If you would like a response, please
provide your name and contact number

Thank you for helping us serve the community with the highest quality service. If you have direct comments, please feel free to call the Director any time at 648-0650.