

## ***Feedback time!***

At this point in your treatment I would like to know how we are doing so far. Your opinion is important to your own progress and to guiding the direction of future treatment interventions. I would like to know about your specific needs. Please take a few minutes to complete the following questions. You may email your comments or fax them to the locations below.

**What was your goal or expectation of participation?**

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**In what ways has your participation been helpful to you?**

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**What specific topics would you like to receive more information or direction about?**

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**If there was a workbook involved in your treatment, please comment on its usefulness.**

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**Please make any comments about your therapist.**

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**Knowledge of subject:**

Poor          Fair          Good          Excellent

**Presentation of material is clear and organized:**

Poor          Fair          Good          Excellent

**Accommodations and comfort of room:**

Poor          Fair          Good          Excellent

**Please make any comments about the office staff and coordination meeting times**

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Thank you for your time. Your input matters. Please forward to:

[Suzanne@sltherapy.net](mailto:Suzanne@sltherapy.net) or

Fax: (954) 212-5757