THERAPIST FEEDBACK SHEET

Name of therapist:_____Date: _____

Reference No. of client: _____

What the therapist did well, e.g.

- Establishing the therapy relationship
- Creating trust and rapport
- Effective communication (listening, questions, use of silence)
- Challenging and raising insight
- Helping create action plans towards goal achievement
- Evaluating progress during sessions and the relationship.

What the therapist could do to make it even better:

Any other comments

Client initials/signature: _____ Date: _____