

Practice:

Practitioner:

Date:

Client:

Please mark how you feel about TODAY'S SESSION. A mark of '0' means the worst and a mark of '10' means the best. Please tick the appropriate box

	OFFICE USE ONLY
<p>1. Did I feel respected, cared about, and really heard?</p> <p>Worst <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Best</p>	<input type="checkbox"/>
<p>2. Did we work on the right things today?</p> <p>Worst <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Best</p>	<input type="checkbox"/>
<p>3. Did we work on what I want to change in my life?</p> <p>Worst <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Best</p>	<input type="checkbox"/>

TOTAL SCORE