



EVALUATION OF SERVICES

Check this box if you would prefer to provide anonymous feedback.

Name _____ Student ID# _____

Phone Number _____ Email Address _____

Dates of Service at CAPS _____ Approximate Number of Sessions _____

Please Circle: Undergrad Grad/Prof School Race/Ethnicity _____

Type of Services Received at CAPS (check all that apply):					
Initial Assessment	Individual Counseling	Group Counseling	Couples Counseling	Stress Clinic	Triage or Crisis

CAPS Services Generally:	NOT APPLICABLE	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The front desk staff was professional, courteous, and helpful.						
I was able to complete the paperwork/forms without difficulty.						
I was able to schedule my initial appointment within a reasonable amount of time. Indicate # of Days Waited: _____						
Given the demand for services at CAPS and my schedule of availability, I believe I received ongoing therapy services within a reasonable amount of time. Indicate # of Days Waited: _____						
The problem(s) that brought me to CAPS interfered with my academic performance.						
The services I received helped to improve my academic focus and performance.						
Overall, I was satisfied with the services I received at CAPS.						
If a friend were in need of similar help, I would recommend CAPS.						

The best thing about my experience at CAPS was:

If I had not received services at CAPS I would have:

Receiving services at CAPS helped me to:

COMMENTS:

INITIAL ASSESSMENT (Intake) or TRIAGE/CRISIS APPOINTMENT:

THERAPIST NAME: _____

My Intake or Triage/Crisis Therapist...	NOT APPLICABLE	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Helped me to feel a decreased level of distress.						
Helped me to feel accepted and understood.						
Helped me feel hopeful about my options for getting help.						
Explained my treatment options and next steps.						
Was sensitive to various dimensions of diversity (e.g., race, ethnicity, national origin, physical ability, sexual orientation, gender identity).						
Overall, I was satisfied with the services received during the initial or triage/crisis appointment.						

COMMENTS:

INDIVIDUAL/COUPLES/GROUP/STRESS CLINIC (ONGOING) THERAPIST:

THERAPIST/GROUP LEADER(S) NAME: _____

My ongoing therapist helped me to...	NOT APPLICABLE	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Feel accepted and understood.						
Decrease my level of distress.						
Manage a difficult situation and deal with my concerns more effectively.						
Cope with stress more effectively.						
Feel increased emotional well-being.						
Increase my self-awareness.						
Feel supported in making my own decisions.						
My therapist was sensitive to dimensions of diversity that may have affected counseling.						
Overall, I am satisfied with the ongoing therapy services I received.						

COMMENTS:

CHECK HERE IF you would like to receive a response or if you have additional concerns that you would like to discuss with the CAPS Clinical Director, Dr. Cynthia Whitehead-Laboo (404-727-7450). PLEASE NOTE: you must include your name and contact information in order for us to reach out to you.

Please email this survey to cwhiteh@emory.edu and indicate “CAPS EVALUATION” in the subject line OR drop the survey off at CAPS, Monday–Friday, 8:30-5:00.