

# Session Survey - After

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

## ***Answers these questions on a scale of 1 to 5:***

1=No, 2=somewhat, 3=neutral, 4=mostly, 5=yes, absolutely

1. Do you feel more clear about your goals after this session?
2. Are you prepared to do the homework this week?
3. Do you feel I understand you correctly?
4. Do you feel comfortable talking with me?

## ***Open-ended Questions:***

5. Is there anything you would like to have discussed but didn't get the opportunity?

6. What could have gone better in today's session?

7. What was best about today's session?