

Counselor _____ Client Initials _____ School _____ Date _____

SOUTHERN CALIFORNIA COUNSELING CENTER
POST-COUNSELING ASSESSMENT FORM
SCHOOL-BASED COUNSELING PROGRAM

1. How often do you feel sad? Circle one

All the time A lot of the time Sometimes Once in a while Never

What makes you sad?

What do you do when you are sad?

2. How often do you feel angry? Circle one

All the time A lot of the time Sometimes Once in a while Never

What makes you angry?

What do you do when you are angry?

3. How often do you feel worried? Circle one

All the time A lot of the time Sometimes Once in a while Never

What do you worry about?

What do you do when you are worried?

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About Counseling

Circle the response that best states how you feel.

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
I like coming to therapy	SD	D	NS	A	SA
I feel like my counselor cares about me	SD	D	NS	A	SA
Counseling has made a difference in my life	SD	D	NS	A	SA
I am learning about myself	SD	D	NS	A	SA
I am learning to cope better in my life	SD	D	NS	A	SA
I am learning to talk about my feelings	SD	D	NS	A	SA

What is the most important thing about your experience in therapy?
