

**CLIENT-ASSESSMENT FORM**  
(Completed by clients of ACHO students for in-course case histories)

Thank you for agreeing to fill in this form. The completed form should be sent to the student's tutor in a stamped addressed envelope provided by the student.

Please answer the following questions as frankly as possible.  
The questionnaire is only part of the assessment of the student.

Your name:

Student's name:

Date:

Please circle the answer you feel is most appropriate for Questions 1-5.

Answer Questions 6-10 in your own words.

- |   |                                      |
|---|--------------------------------------|
| 1. Professional approach                                  | poor/patchy/good/very good/excellent |
| 2. Clarity of explanation                                 | poor/patchy/good/very good/excellent |
| 3. Rapport, you at your ease                              | poor/patchy/good/very good/excellent |
| 4. Manner   | poor/patchy/good/very good/excellent |
| 5. Apparent competence and efficiency                     | poor/patchy/good/very good/excellent |
| 6. Did you feel any benefit from the session(s)?          |                                      |
| 7. Would you consult this person again if the need arose? |                                      |
| 8. Would you recommend this person to other people?       |                                      |
| 9. Would you recommend this therapy to other people?      |                                      |
| 10. Any other comment?                                    |                                      |