

Mandala Complementary Studies & ICGT

Client Assessment Form

(Completed by client)

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

Please answer the following questions as frankly as possible.

The questionnaire is only part of the assessment for the learner.

Your name:

Student's Name:

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?