

## Dovetail EAP Counselor Rating Form

Please take a moment to complete the following information about your experience with your EAP counselor. When you are finished, you may either mail it to:

Michelle Peterson, President  
Dovetail, Inc.  
60 W Terra Cotta Ave #227  
Crystal Lake IL 60014 ... or you may fax it to 815-356-9828.

Although the results may be discussed with your counselor to assist them improving their skills, you may choose remain anonymous. You do not have to put your name and contact number at the bottom of the page. Please circle the item that best describes your experience.

1. Your counselor's name (required): \_\_\_\_\_
2. Why did you call the Employee Assistance Program?
  1. My choice: it was voluntary
  2. A family member told me to call
  3. My employer told me to call
  4. Other (please describe): \_\_\_\_\_
3. Total number of EAP counseling sessions you attended: \_\_\_\_\_
4. To what extent did the counselor focus on the problem or problems you wanted to work on?
  1. Extensively
  2. Considerably
  3. A little
  4. Not at all
4. To what extent was your counselor a good listener?
  1. Excellent
  2. Very Good
  3. Fair
  4. Poor - please explain: \_\_\_\_\_
5. How do you rate your counselor's skills?
  1. Excellent
  2. Very Good
  3. Fair
  4. Poor - please explain: \_\_\_\_\_
6. Please tell us anything else you want us to know about your experience with the EAP:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Would you be willing to see this counselor again?    Yes    No

OPTIONAL: Your name: \_\_\_\_\_ Your phone number: \_\_\_\_\_

Please check one:  I want to be contacted by Dovetail about my counseling experience  
 Please do not call me