

Linda Lewis Griffith, M.A

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EVALUATION OF TREATMENT

As a former client, your impressions are invaluable to me. Please respond to the following statements about the services you received from me using a scale of 1-5, with 1 being in complete agreement and 5 being in complete disagreement. Thank you so much for taking the time to share your opinions with me.

- 1) I found Ms. Griffith to be knowledgeable and professional. _____
- 2) I felt that she listened to and understood my concerns. _____
- 3) I found her suggestions and interventions helpful. _____
- 4) I found her office comfortable and inviting. _____
- 5) I found my overall counseling experience to be valuable. _____
- 6) I would recommend Ms. Griffith to anyone seeking counseling. _____

Please share any other opinions or concerns that you have about your counseling experience with me.

Your name (optional):

Your telephone number if you would wish to speak to me:

Again, thank you so much for your participation.