American Counseling & Training, Inc.

ACT-EAP Feedback Form

Recently you requested Employee Assistance Program support which is provided to you at no cost.
As a part of our commitment to quality, we regularly ask for individuals to share their experiences with us.
These experiences are used to improve and expand EAP services offered to you and other personnel.

Your response is completely confidential, even if you choose to sign you name to this form.

After completing your questionnaire, please forward your responses to us either by mail, via FAX (503-774-3221) or send it via our Web site. If you have additional questions, contact us at 503-774-9971 or via e-mail at acteap@earthlink.net.

1) Which one if the following best describes why you originally contacted the EAP?

__Work-Related Concerns	__Depression/Anxiety	__Alcohol/Drug Use
__Family Concerns	__Career Planning	__Child Care
__Relationship Conflict(s)	__Personal Pressures	__Elder Care
__Life Crises	__Financial/Legal Concerns	__Other

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2) What is the name of your EAP counselor?________________________________

3) Was your counselor effective in addressing your concern? __Poor __Satisfactory __Excellent

4) All things considered, how would you rate your satisfaction with your EAP services?

___Poor ___Satisfactory ___Excellent

5) Which experiences assisted you the most?____

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6) If your experiences were less than “satisfactory”, how could we improve? ________________________

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7) Would you recommend the EAP to a friend? __Yes __No __Unsure

Name/Signature (Optional)_____________________ **Phone (Optional)**__________