

Educational Case Management

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GOAL ATTAINMENT & OUTCOME EVALUATION FORM

SIDE 1: Please complete this side and return the form *before* therapy begins.

Do not complete SIDE 2, or the *small* boxes on this side, until the *end* of therapy.
This form will be returned to you at the end of therapy.

MAIN DIFFICULTIES

Please describe up to four major difficulties that you hope therapy will help you with:

1.

2.

3.

4.

**Do not
complete
these small
boxes until
the end of
therapy**

1.

2.

3.

4.

SIDE 2: Please complete and return this side at the end of therapy.

HELPFUL ASPECTS OF THERAPY

1. Before your therapy began, you identified up to four difficulties or needs which you hoped therapy would help you with. Your original responses are on the other side of this form. By the side of each response there is a small box. To identify how much therapy has helped with each difficulty, please write the appropriate number in each box, using the guide below.

0=Not at all 1=A little bit 2=Moderately 3=Quite a bit 4=Extremely

2. Could you please describe what you feel has been positive about your therapy. This might be an outcome, insight or experience.

How helpful do you feel the experience, outcome or insight will be to you in the future? Please tick a box
Slightly helpful Moderately helpful Extremely helpful

3. Looking back over your therapy, do you feel that there is anything which remains unresolved or that you still feel uncomfortable about? Please tick a box Yes No

If yes, please describe what remains unresolved or what you still feel uncomfortable about and tick how hindering you feel this may be in the future.

Slightly hindering Moderately hindering Extremely hindering

4. Overall, how satisfied are you with the service you have received? Please tick a box

Very satisfied Dissatisfied
Satisfied Very dissatisfied
Mixed feelings

5. On the basis of your experience, would you recommend this service to a friend? Please tick a box

NO: definitely not YES: I think so
NO: I don't think so YES: definitely

6. Have you any additional comments you wish to make about the service you have received?