

# Educational Case Management

Unit 3, 56 Hudson Street  
Hamilton NSW 2303

P 02 4969 8060 F 02 4969 2879  
E [info@ecmonhudson.com](mailto:info@ecmonhudson.com)  
[www.ecmonhudson.com](http://www.ecmonhudson.com)

Unit 1, 46 Hudson Street  
Hamilton NSW 2303



## 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?