

**COMPANY NAME: \_\_\_\_\_**  
**Employee Assistance Program (EAP)**  
**Evaluation Form**

Please help us evaluate the quality of service received through the Employee Assistance Program by answering the following questions. Place the completed form in the accompanying self-addressed envelope and mail it to FGI's head office. Your evaluations are reviewed thoroughly and are summarized on an annual basis, with other program participants, to ensure your program meets the highest standards of service.

<b><u>OPTIONAL: Personal Contact Information</u></b>		
I consent to discuss my evaluation comments for the purpose of a Quality Assurance review if deemed necessary by FGI:      Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes:	Name:	
	Email address:	
	Telephone Number:	

<b>1.</b>	<b>Do you feel that you received professional and supportive service at the point of initial telephone contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																																																
<b>2.</b>	<b>Please indicate the length of time from your initial telephone contact with FGI to your initial contact with the counselor.</b> <input type="checkbox"/> <i>within 1 business day</i> <input type="checkbox"/> <i>1-2 business days</i> <input type="checkbox"/> <i>2+ business days</i>																																																
<b>3. a)</b>	<b>What was the length of time from your initial contact with the counselor to your first appointment? Within:</b> <input type="checkbox"/> <i>1-3 business days</i> <input type="checkbox"/> <i>4-5 business days</i> <input type="checkbox"/> <i>6-9 business days</i> <input type="checkbox"/> <i>10+ business days</i>																																																
<b>3. b)</b>	<b>Was this period satisfactory?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																																																
<b>4.</b>	<b>Please indicate the extent to which you agree or disagree with each of the following statements. Circle the number that best represents your feelings.</b> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #333; color: white;"> <th style="width: 60%;"></th> <th colspan="3" style="text-align: center;">Agree</th> <th colspan="2" style="text-align: center;">Disagree</th> </tr> </thead> <tbody> <tr> <td>I found the EAP easy to access.</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td>I was satisfied with the counselor provided.</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td>The counselor understood my problem.</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td>The counselor made reasonable suggestions.</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td>The counselor reassured me about confidentiality.</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td>I feel the counselor is working toward helping me resolve my problem successfully.</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> <tr> <td>I would recommend the EAP to others.</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> </tr> </tbody> </table>		Agree			Disagree		I found the EAP easy to access.	5	4	3	2	1	I was satisfied with the counselor provided.	5	4	3	2	1	The counselor understood my problem.	5	4	3	2	1	The counselor made reasonable suggestions.	5	4	3	2	1	The counselor reassured me about confidentiality.	5	4	3	2	1	I feel the counselor is working toward helping me resolve my problem successfully.	5	4	3	2	1	I would recommend the EAP to others.	5	4	3	2	1
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<b>6.</b>	<b>Counselor's Name:</b> _____																																																
<b>7.</b>	<b>I give consent for FGI to inform my counselor the results of my feedback.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																																																