



# Counselor Survey

*Please type or print your answers*

The purpose of this survey is to make counseling information available for the residents at our shelter. A copy of this survey will be available to our residents. This survey will be presented as an informational purpose only and each individuals are responsible to screen an decide which service they would like to pursue.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Please list your professional credentials: (Please start from most recent)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your practice specialize in any particular kind of counseling? If so, please describe.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Which of the groups below do you have special training for, or counseling experience with: (Check applicable)**

Victims		Perpetrators	
Women:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Male Perpetrators:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Men:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Female Perpetrators:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Children:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Perpetrators:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Are you interested in working with: (Please check all that apply)**

<input type="checkbox"/> Adult female victims of domestic violence	<input type="checkbox"/> Family groups who are victims
<input type="checkbox"/> Adult female victims of sexual assault	<input type="checkbox"/> Family groups, including abuser
<input type="checkbox"/> Children who have witnessed domestic violence	<input type="checkbox"/> Adult male victims
<input type="checkbox"/> Children who have been abused	<input type="checkbox"/> Gay and lesbian victims
<input type="checkbox"/> Children who have been sexually abused	<input type="checkbox"/> Transgender victims
<input type="checkbox"/> Abusers	

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**Given your experience, to this point what is your understanding of why domestic violence occurs?**

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**Please describe briefly your general approach to women who have been victims of physical, emotional, or Sexual abuse or some combination of these.**

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**Do you work with abusers?**

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**If Yes, please describe your general approach?**

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**What are your experiences and training work with individuals who are suffering from Post Traumatic Stress Syndrome:**      ☐ Extensive      ☐ Moderate      ☐ Minor      ☐ None

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**Do you have a religious perspective?**      ☐ Yes      ☐ No

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**If Yes, is there a particular religious group or denomination represent? (Please be specific)**

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**Please state your regular hourly fee?**

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**Are you willing to negotiate your fee?**

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**Do you work on a sliding scale?**      ☐ Yes      ☐ No

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**If Yes, please outline the scale:**

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**Do you accept medical coupons?**      ☐ Yes      ☐ No

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**If Yes, then which?**

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**Are you participating in Victim Crime Compensation?**      ☐ Yes      ☐ No

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**Are you willing to see clients on a short term basis or for limited number of visits?**      ☐ Yes      ☐ No

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**Is there anything else you think it would be helpful for potential clients to know?**

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If you have a brochure describing your services, please include 3 copies for our files. Thank you very much for your cooperation and time in filling out this survey. Your participation in this survey is appreciated.