

This document contains screenshots of the Client Session Feedback Form that you can print out as a reference when you're ready to be the Client during a practice session. You can find the online version of this form that you need to submit by visiting your Mentoring Resources page at TheEFTAcademy.com.

Client Session Feedback Form

Please use the form below to document your participation in a practice session as the Client. Thanks!

Practitioner Name *

Your First Name *

Your Last Name *

Your Email Address *

Your Phone Number (XXX-XXX-XXXX format please) *

Session Date *

Session Type *

- Live
- Phone
- Skype
- Zoom

I was comfortable with our session location (or working over the phone) *

- Yes
- No

The Practitioner was on time. *

- Yes
- No

The Practitioner was organized, prepared and totally focused for this session. *

- Yes
- No



The Practitioner explained what to expect during the session, what Tapping is, location of tapping points, etc., and allowed me to ask questions as needed. *

- 1
- 2
- 3
- 4
- 5

5 = Excellent, 3 = Acceptable. 1 = Poor

The Practitioner made me feel welcome and comfortable (i.e., for live sessions – provided water, told me where the restroom is, tissues were provided, etc.) *

- 1
- 2
- 3
- 4
- 5

5 = Excellent, 3 = Acceptable. 1 = Poor

I felt safe working with this Practitioner. *

- 1
- 2
- 3
- 4
- 5

5 = Excellent, 3 = Acceptable. 1 = Poor

The Practitioner was compassionate, understanding and comforting. *

- 1
- 2
- 3
- 4
- 5

5 = Excellent, 3 = Acceptable. 1 = Poor

The Practitioner was easy to work with. I felt we had good rapport. *

- 1
- 2
- 3
- 4
- 5

5 = Excellent, 3 = Acceptable. 1 = Poor

The Practitioner was confident (but not cocky). *

- 1
- 2
- 3
- 4
- 5

5 = Excellent, 3 = Acceptable. 1 = Poor

The Practitioner was professional and exhibited integrity, boundaries and respect. *

- 1
- 2
- 3
- 4
- 5

5 = Excellent, 3 = Acceptable. 1 = Poor

The Practitioner "heard" what I was saying and feeling. *

- 1
- 2
- 3
- 4
- 5

5 = Excellent, 3 = Acceptable. 1 = Poor



The Practitioner "used my words" for the tapping phrases. *

1 2 3 4 5

5 = Excellent, 3 = Acceptable. 1 = Poor

The Practitioner was supportive of my beliefs and opinions. *

1 2 3 4 5

5 = Excellent, 3 = Acceptable. 1 = Poor

The Practitioner was open and responsive to my questions. *

1 2 3 4 5

5 = Excellent, 3 = Acceptable. 1 = Poor

The Practitioner was patient and allowed me all the time I needed to move through my distress. *

1 2 3 4 5

5 = Excellent, 3 = Acceptable. 1 = Poor

The Practitioner frequently checked and rechecked my SUD scale levels throughout the session. *

1 2 3 4 5

5 = Excellent, 3 = Acceptable. 1 = Poor

Please indicate the beginning SUD scale (distress) number on your core issue when you started tapping. *

0 1 2 3 4 5 6 7 8 9 10

10 = High, 1 = Low

Please indicate the ending SUD scale (distress) number on your core issue when you finished tapping. *

0 1 2 3 4 5 6 7 8 9 10

10 = High, 1 = Low

If applicable, how effective was the Practitioner at directing you to a deeper issue behind the issue you started with? *

1 2 3 4 5 Not Applicable

5 = Excellent, 3 = Acceptable. 1 = Poor

The Practitioner applied tapping correctly according to my knowledge. *

1 2 3 4 5

5 = Excellent, 3 = Acceptable. 1 = Poor



The Practitioner offered new insights, ideas, and/or perspectives during our session. *

1 2 3 4 5

5 = Excellent, 3 = Acceptable. 1 = Poor

Did you at any time feel confused, misunderstood or frustrated with this Practitioner? *

Yes
 No

How pleased were you with the overall effectiveness of this Practitioner? *

1 2 3 4 5

5 = Excellent, 3 = Acceptable. 1 = Poor

I would consider this a successful session. *

1 2 3 4 5

5 = Excellent, 3 = Acceptable. 1 = Poor

Would you refer a friend or family member to this Practitioner? *

Yes
 No

Do you have any comments or suggestions that might help this Practitioner become more proficient?

If you are so inclined, please submit a short testimonial that this Practitioner might share with others.

Do you have any serious concerns about this Practitioner? *

Yes
 No

Submit