

Session Feedback

Persefone Coaching | Julie Blint



SESSION DETAILS

Discovery Session Coaching Session Full Coaching Pathway

Date of session

Your name (optional)

YOUR EXPERIENCE

Please select the number that best reflects your experience.

How safe and comfortable did you feel during the session?

1 2 3 4 5 6 7 8 9 10

1 = Not at all

10 = Absolutely

How well did you feel heard and understood?

1 2 3 4 5 6 7 8 9 10

1 = Not at all

10 = Absolutely

How useful did you find the session?

1 2 3 4 5 6 7 8 9 10

1 = Not at all

10 = Absolutely

How clear do you feel about your next steps?

1 2 3 4 5 6 7 8 9 10

1 = Not at all

10 = Absolutely

OVERALL RATING

Overall, how would you rate your session or coaching pathway with Persefone Coaching?

1 = poor | 10 = excellent

1 2 3 4 5 6 7 8 9 10

1 = Not at all

10 = Absolutely

WOULD YOU RECOMMEND PERSEFONE COACHING?

How likely are you to recommend Julie to a friend, colleague, or family member?

1 = very unlikely | 10 = absolutely, without hesitation

1 2 3 4 5 6 7 8 9 10

1 = Not at all

10 = Absolutely

In Your Own Words

How would you describe your experience of the session or coaching pathway?

Write as much or as little as you like. Your honesty is genuinely valued.

Permission to use this as a testimonial

If you are happy for your words to be shared on the Persefone Coaching website or in marketing materials, please tick below. Your name will only be used with your explicit permission.

- Yes, you may use my words as a testimonial.
- Yes, and you may include my first name.
- Yes, and you may include my full name.
- I would prefer this to remain private.

Thank you for taking the time to share your feedback. It means a great deal.

persefonecoaching@gmail.com | www.persefonecoaching.com