



Post Grant Survey

Name of Organization or Practice: _____ Clinician Name: _____

Client Unique Identifier: _____

Please briefly describe the clients progress during their course of treatment. You can provide a narrative summary or reference assessment tools or treatment plan goals.

If the client is still receiving services post grant, how will these be sustained?

Additional feedback or information that you would like to provide.

Thank you for your partnership in the Counseling grants program and the work that you do with those impacted by child sexual abuse.

Completed by: _____ Title: _____ Date: _____