

# Telehealth Session Feedback

Date: **[Date]**

Client Name: **[Client's Name]**

Therapist Name: **[Therapist's Name]**

## Session Details

Session Date: **[Session Date]**

Session Duration: **[Duration]**

## Feedback on Session

1. Overall Experience: **[Feedback on overall experience]**
2. Topics Discussed: **[Topics discussed during the session]**
3. Progress Made: **[Any progress made in therapy]**
4. Goals for Next Session: **[Goals for future sessions]**

## Additional Comments

[Any additional comments or concerns]

Thank you for your continued participation in your therapy journey.

Sincerely,

[Therapist's Name]

[Contact Information]