

Spiritual Values Inventory

Counselor's Feedback Form

Client: _____ Date of Administration: _____

Date of Feedback: _____

Vocation Scale

Strength Areas: _____

Growth Areas: _____

Dysphoria Scale

Strength Areas: _____

Growth Areas: _____

Community Scale

Strength Areas: _____

Growth Areas: _____

Hope Scale

Strength Areas: _____

Growth Areas: _____
