

Student Satisfaction Survey

Thank you for taking a moment to respond to this survey. Your comments will be invaluable to us as we strive to continually improve services.

College classification

- Freshman
- Sophomore
- Junior
- Senior
- Graduate
- Faculty
- Staff

Age

Gender

- Male
- Female
- Other

Ethnicity

- African American
- Asian American/Pacific Islander
- Latino
- European American/Caucasian Native American

Other

How many counseling sessions have you attended at the University Counseling Center?

1

2-10

11-20

How did you find out about the Counseling Center?

Self-Referral

Instructor

Friend

Staff

Other

What reason did you come to the Department of Counseling and Student Wellness today?
(Check as many as apply)

Personal Counseling

Academic Counseling

Information

Mandated Group

Other

Please select the number to the right of each statement which indicates your level of agreement.

(1= Least Agreement 2= Highest Agreement)

1) I was treated courteously, promptly by the front office staff.

1

2

3

4

5

N/A

2) I felt comfortable in the waiting area.

1

2

3

4

5

N/A

3) I was treated courteously by the counselor I saw.

1

2

3

4

5

N/A

4) The counselor seemed well-trained and skilled in helping me with my problems.

1

2

3

4

5

N/A

5) If the need to speak to someone arises again, I would return to the University Counseling Center.

1

2

3

4

5

N/A

6) I would recommend the University Counseling Center to others.

1

2

3

4

5

N/A

Suggestions/Comments:

ACTIVITY EVALUATION FORM

Name of Activity:

Facilitator:

Date:

Time:

Place:

Please complete the evaluation on a scale of 1-5 with 1 being the lowest and 5 being the highest with your level of agreement with the activity.

1. **totally disagree**
2. **disagree**
3. **somewhat agree**
4. **agree**
5. **totally agree**

1. The goals of the activity/program were clearly stated?
2. The activity/program was informative?
3. The content of the activity/program met my expectations?
4. The Counseling Center should continue to sponsor programs similar or relevant to this activity?
5. The facilitator was prepared for the activity/program?
6. Would you attend another activity/program sponsored by this office?
7. Would you recommend others to attend activities/programs sponsored by this office?
8. There were sufficient handouts available?

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Other

Comments:

Submit