

Student Satisfaction Survey

Thank you for your
input on this

^ Other

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

^ 1

^ 2-10

^ 11-20

Postmodernism

^ 3

^ 4

^ 5

^ N/A

4) The counselor seemed ~~well~~ 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 Counselor 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 rate each item on a scale of 1 to 5 based on your level of agreement.

-5 is the lowest rating and 5 is the highest rating.

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/pacs

Senior

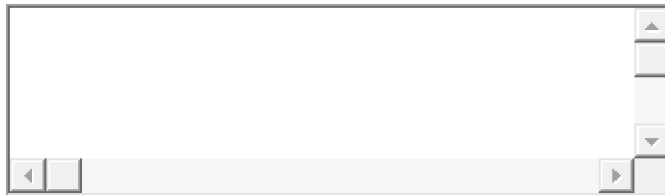
Graduate Student

Faculty

Staff

Other

Comments:



Submit