Counseling Services routinely requests feedback from those who have visited our center. The survey used to collect feedback takes approximately 5-7 minutes to complete and is anonymous in nature.

Gender (select one)
- Male
- Female
- Transgender

Race/Ethnicity (select one)
- African-American/Black
- Anglo-American/White
- Asian-American/Pacific Islander
- Hispanic/Latino
- Native American
- More than one ethnicity
- Prefer not to say

Additional demographics (check all that apply)
- Student-Athlete
- Veteran
- International student
- Transfer student
Sexual orientation (select one)
- Heterosexual/Straight
- Lesbian
- Gay
- Bisexual
- Questioning
- Queer
- Other

Classification
- Freshman
- Sophomore
- Junior
- Senior
- Graduate
- Non-degree seeking

Counselor’s Name

What is your major?

Number of sessions
- 1 (15-minute screening only)
- 2-4
- 5-7
- 8 or more
Type of service your received

- Individual counseling
- Educational testing (LD/ADHD)
- Career assessment
- Couples counseling
- Group counseling

Please rate your AGREEMENT with the following

My counselor was respectful of who I am as an individual (culture, religion, ethnicity, sexual orientation, etc.)

My counselor helped me feel like I could share my thoughts, concerns, or questions

My counselor was able to understand my problems and concerns

Counseling Services has helped me to improve my academic performance

Counseling Services has helped me remain enrolled in school
Please rate your AGREEMENT with the following statements

Counseling Services has helped me cope better with the concerns that brought me in

My counselor was knowledgeable of how to help me

My counselor was effective with the ways she/he worked with me

Please rate your SATISFACTION with our general office and other staff

Counseling center location convenient/accessible

Privacy in the reception area

Comfort in the reception area
Politeness of staff in the reception area

Helpfulness of staff in the reception area

Relevance of written materials in the waiting area

Please rate your AGREEMENT with the following

Overall, I am satisfied with the counseling I have received

I would seek services again at Counseling Services, if needed

I would refer a friend to Counseling Services
If you could change one thing about Counseling Services, what would it be?

Please list any groups or topics that you would like Counseling Services to cover/offers

Additional comments for us