

**Default Question Block**

**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/offer**

**Additional comments for us**