

EVALUATION OF CURRENT COUNSELING EXPERIENCE AT COUNSELING CENTER

For #1-15, please circle the number along the scale that best represents your counseling experience:

	Not Applicable N/A	Strongly Agree 5	Agree 4	Neither Agree or Disagree 3	Disagree 2	Strongly Disagree 1
1.						N/A 5 4 3 2 1
2.						N/A 5 4 3 2 1
3.						N/A 5 4 3 2 1
4.						N/A 5 4 3 2 1
5.						N/A 5 4 3 2 1
6.						N/A 5 4 3 2 1
7.						N/A 5 4 3 2 1
8.						N/A 5 4 3 2 1
9.						N/A 5 4 3 2 1
10.						N/A 5 4 3 2 1
11.						N/A 5 4 3 2 1
12.						N/A 5 4 3 2 1
13.						N/A 5 4 3 2 1
14.						N/A 5 4 3 2 1
15.						N/A 5 4 3 2 1
	(If disagree, please explain) _____ _____ _____					
16.	How has your counseling experience been beneficial (or not) to you? _____ _____ _____					
17.	How could your counselor improve? _____ _____ _____					
18.	Further comments on any of the above scales or about your experience at the Counseling Center (use the back of this form if you need more room) _____ _____ _____					

Number of sessions I have already had *this semester*:

Intake only 2 - 3 4 - 5 6 - 9 10+

Semester Fall Spring **Year** 2006

TOTAL Number of sessions I have had (including previous semesters) at this Center:

Intake only 2 - 3 4 - 5 6 - 9 10+

Counselor's name _____