

Counseling Outcome Assessment

Counseling and Psychological Services Center

We would like your feedback on your experience at the Counseling Center. This information is voluntary and will be kept confidential. We appreciate your honesty and ask that you do not put your name on the sheet so that your responses will remain anonymous.

Your feedback will help us improve our counseling services.

Please fill out the form and return it to the evaluation box or receptionist. We thank you for your assistance.

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<p>1. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>2. Race/Ethnicity <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Latino <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other _____</p> <p>3. Class <input type="checkbox"/> Fresh <input type="checkbox"/> Soph <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Grad</p>	<p>4. If this survey is mailed to you: ____ Number of weeks since my last session</p> <p>5. I'm completing this questionnaire: <input type="checkbox"/> Just <i>before</i> a counseling session <input type="checkbox"/> Just <i>after</i> a counseling session</p> <p>6. What prompted you to seek our services? <input type="checkbox"/> self <input type="checkbox"/> encouraged by others <input type="checkbox"/> required by others (Res. Living, Judicial)</p>
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Instructions: Based on your experience since you started counseling at this center please indicate the extent to which you agree with each of the following statements:

FROM MY COUNSELING EXPERIENCE AT <u>THIS</u> CENTER...	Not Applicable	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. I have healthier relationships with others.	N/A	5	4	3	2	1
2. I am more truthful/honest with myself.	N/A	5	4	3	2	1
3. I can work more effectively on my personal problems.	N/A	5	4	3	2	1
4. I feel better adjusted to college life.	N/A	5	4	3	2	1
5. I feel less stressed or overwhelmed.	N/A	5	4	3	2	1
6. I can perform better in my academic courses.	N/A	5	4	3	2	1
7. I feel I can better manage my feelings and behaviors.	N/A	5	4	3	2	1
8. I take a more active role in working toward my personal goals.	N/A	5	4	3	2	1
9. I can better communicate my thoughts and feelings.	N/A	5	4	3	2	1
10. I can better understand my problems/issues.	N/A	5	4	3	2	1
11. I have a more positive view of myself.	N/A	5	4	3	2	1
12. I am better able to identify and/or seek out resources to help me reach my goals.	N/A	5	4	3	2	1
13. I can better examine my personal issues.	N/A	5	4	3	2	1
14. I can better manage or decrease my depression and/or anxiety.	N/A	5	4	3	2	1
15. I am more sensitive to, and accepting of, differences in others.	N/A	5	4	3	2	1
16. I understand myself better.	N/A	5	4	3	2	1
17. I can more easily look at my personal issues from different points of view.	N/A	5	4	3	2	1
18. I have made progress toward my personal goals in counseling.	N/A	5	4	3	2	1
19. I can better identify my feelings.	N/A	5	4	3	2	1
20. Overall, the Counseling Center met or exceeded my expectations.	N/A	5	4	3	2	1