

STUDENT QUESTIONNAIRE PERSONAL COUNSELOR

Thank you for your participation in this short survey. All of the district's personal counselors are evaluated on a periodic basis, and yours is being evaluated today. We would appreciate your feedback on the personal counseling you received. Please respond honestly to the statements below and do NOT sign your name so that your comments remain anonymous.

Date: _____

Personal Counselor's name: _____

1. The personal counselor was on time for my scheduled appointment

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

2. The personal counselor was available during scheduled hours.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

3. The personal counselor had familiarized her/him/themselves with my situation (if applicable) and listened to and understood my questions and concerns.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

4. I am more satisfied with my current academic performance than I was when I began working with this personal counselor.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

5. I am more satisfied with my overall performance (employment, relationships, household chores, etc.) than I was when I began working with this personal counselor.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

6. The personal counselor was courteous and professional and presented information in a clear and understandable manner.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

7. The personal counselor treated me fairly without regard to national origin, religion, age, gender, gender identity, gender expression, race or ethnicity, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, pregnancy or because they are perceived to have one or more of the foregoing characteristics, or based on association with a person or group with one or more of these actual or perceived characteristics.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

8. The personal counselor helped me to cope and/or develop coping skills for distressing emotional states.

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable
 5 4 3 2 1 0

Comments:

9. The personal counselor interacted with me in a manner which encouraged further personal insight into myself and/or my situations.

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable
 5 4 3 2 1 0

Comments:

10. The personal counselor referred me to campus and community support services for additional information and/or support, when appropriate.

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable
 5 4 3 2 1 0

Comments:

11. The personal counselor was supportive and encouraging and showed genuine interest in assisting me. Overall, I felt comfortable with the personal counselor.

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable
 5 4 3 2 1 0

Comments:

12. The personal counselor is someone I would recommend to others, and I would see this personal counselor again.

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable
 5 4 3 2 1 0

Comments:

13. Please indicate the overall quality of the personal counseling services received from this personal counselor.

Excellent Very Good Good Satisfactory Poor
 5 4 3 2 1

Comments:

IN ADDITION, PLEASE RESPOND TO THE FOLLOWING TWO QUESTIONS ON THE BACK OF THIS FORM:

A. In what specific ways was this personal counselor most helpful to you?

B. What specific things might this personal counselor do to improve his/her/their service?