Evaluation of Emmanuel College Counseling Center Services

In an effort to evaluate and improve our counseling services, we would like you to respond to the following questions. By completing this survey you are consenting to the use of this data to inform the practices of this office. You can choose not to complete the survey or any item. All of your responses are anonymous. The counselor that you saw will not be given your survey upon completion today. These surveys will be looked at collectively at the end of the year in order to ensure quality care for all of our clients.

1. What year are you? (circle one)
   a. First-Year  
   b. Second-Year  
   c. Junior  
   d. Senior

2. Male or female (circle one)

3. Did you receive individual counseling? Yes/No (circle one)
   a. Approximately how many appointments did you have with your counselor_______

4. Did you have a medication appointment or meet with the psychiatrist? Yes/No (circle one)
   a. Approximately how many appointments did you have with the Psychiatrist? _______

5. Did you attend a group or workshop held by the Counseling Center? Yes/No (circle one)
   a. If no, please explain why you did not attend a workshop? ____________________________________________
   b. If yes, which group did you attend? ____________________________________________

6. Approximately how long did you have to wait after initially contacting the counseling center, to see a counselor for the initial appointment? Please select one of the following responses.
   a. I was seen immediately  
   b. I was seen within 1-3 days  
   c. I was seen within 1 week  
   d. I was seen within 2 weeks  
   e. It took more than 2 weeks to be seen

7. Did you obtain a referral to an outside therapist/counselor? Yes/No (circle one)
   a. If yes, how satisfied were you with the services that you received from that agency or therapist?
      1 (very dissatisfied) - 10 (very satisfied) _________________________________

8. How would you have rated your well-being when you started counseling at our center?
   1 (poor) - 10 (excellent) _________________________________

9. How would you rate your well-being at the end of your counseling here?
   1 (poor) - 10 (excellent) _________________________________

10. Do you feel that the counseling you received here was helpful in your remaining at this institution? (circle one)
    Yes, receiving counseling helped me stay at this institution  
    No, receiving counseling did not influence my decision to remain at this institution
    a. If yes, how helpful was counseling to your remaining at this institution?  1 (of no help) - 10 (very helpful) _________________________________
b. If yes, please indicate if you agree with the following statements *(Check all that apply)*

- ___ I was able to address problems before they affected my academic performance
- ___ I realize I am not alone and could connect with similar students
- ___ I got the encouragement I needed to overcome my insecurities
- ___ I was able to work through my issue(s) so I could continue in college
- ___ I received the support I need to be successful in college
- ___ Other: Please explain ____________________________________________

11. Do you feel that receiving counseling enhanced your college experience? Yes/No *(Circle one)*

a. If yes, please rate how much it enhanced your experience

1*(of no help)* – 10 *(very helpful)* _______________

b. If yes, please describe how counseling enhanced your experience?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

12. When you first came to the Counseling Center were you greeted in a welcoming manner? Yes/No *(Circle one)*

a. Please describe your experience? ____________________________________________

________________________________________________________________________

________________________________________________________________________

13. How would you rate experience with the administrative assistant when you first came to the Counseling Center? 1 *(very dissatisfied)* – 10 *(very satisfied)*________

14. How well did you and your counselor/psychiatrist work together? 1 *(poor)* - 5 *(excellent)*

15. How capable as a counselor/psychiatrist did he or she seem to be? 1 *(poor)* - 5 *(excellent)*

16. Please describe anything your counselor/psychiatrist did that was particularly helpful.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

17. If you needed further help, would you return to your counselor/psychiatrist? Yes/ No *(circle one)*

18. I felt that the information I disclosed during my sessions would be held confidential.

1 *(strongly disagree)* - 10 *(strongly agree)*

19. How would you rate your total experience at this counseling center? 1 *(poor)* - 5 *(excellent)*

20. Would you recommend the services of this counseling center to other students? Yes/No *(circle one)*

Please take this opportunity to express your feelings, either positive or negative, about your experience with this counseling center. We encourage you to be completely open and candid, as this is the only way we can evaluate ourselves and initiate improvements.