

# Student Feedback Questionnaire

Did your counselor meet your needs for this visit? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain.

**EDUCATE:**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. My counselor assisted me with appropriate course selection based on my interest.	<input type="checkbox"/>					
2. My counselor was knowledgeable about degree, certificate, and/or transfer requirements.	<input type="checkbox"/>					
3. My counselor was able to communicate information clearly.	<input type="checkbox"/>					
4. My counselor was effective in responding to questions.	<input type="checkbox"/>					
5. My counselor accurately outlined steps necessary to meet my goals.	<input type="checkbox"/>					
6. My counselor was organized and well-prepared.	<input type="checkbox"/>					
7. My counselor kept me up to date on changes in academic requirements.	<input type="checkbox"/>					

**ADVOCATE:**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. My counselor was able to adapt to issues I brought up.	<input type="checkbox"/>					
2. My counselor encouraged me to achieve my academic/personal goals.	<input type="checkbox"/>					
3. My counselor helped me obtain academic/personal assistance or resources when needed.	<input type="checkbox"/>					
4. My counselor encouraged me to assume an active role in planning my academic program.	<input type="checkbox"/>					
5. My counselor respected my rights to make my own decisions.	<input type="checkbox"/>					

**EMPOWER:**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. My counselor encouraged my participation during my appointment.	<input type="checkbox"/>					
2. My counselor reviewed strategies that helped to meet my goals.	<input type="checkbox"/>					
3. The information the counselor provided will be helpful for future use and reference.	<input type="checkbox"/>					
4. I felt comfortable expressing my ideas and opinions.	<input type="checkbox"/>					
5. My counselor showed interest in my progress.	<input type="checkbox"/>					
6. I was treated with courtesy and respect by my counselor.	<input type="checkbox"/>					
7. My counselor communicated the importance of being prepared for my next appointment.	<input type="checkbox"/>					

Comments: Please share any other comments about your experience with this counselor.

Intended Academic Program (please circle one) Transfer    Not Transferring -- If not transferring (please circle one)    Degree    Certificate

Please indicate the number of semesters completed at IVCC (does not include summer sessions). 1   2   3   4   5   6   7   8   9+

I attend (please circle one):    Part-time (below 12 credit hours this semester)                      Full-time (12 credit hours and above this semester)

Reason for your visit today (circle all that apply):                      Academic                      Personal                      Other (please explain below)