**HungKuang University Counseling Center
Individual Counseling Feedback Form**

Instructions:

 Thank you for taking the time to fill out this questionnaire. Because this survey is anonymous, we will not collect any information that could identify you, and no statement of consent is required. However, please fill out this form honestly and factually to ensure the accuracy of the data analysis. Thank you!

**Part One Demographics**

Counseling time: ＿＿＿＿＿＿＿＿

Number of counseling sessions: ＿＿＿＿＿＿＿＿

Gender: □ Male □ Female □ Nonbinary

Division: □ Daytime division □ Continuing education division

Program: □ Five-Year Junior Nursing College Program

□ Nursing □ Post Baccalaureate Nursing

□ Physical Therapy □ Biotechnology □ Nutrition

□ Senior Citizen Welfare and Long-term Care Business

□ Health Business Administration □ Multimedia Game Development and Application

□ Speech Language Pathology and Audiology

□ Animal Healthcare □ Food Science and Technology

□ Cultural Design and Marketing □ Sports and Leisure

□ Child Care and Education □ Applied Cosmetics/Cosmetics Science

□ Hair Styling and Design □ Hospitality and Tourism

□ English for Global Communication

□ Intelligent Technology and Application

□ Safety, Health, and Environmental Engineering

□ Medical Equipment Development and Application

More questions on the other side

**Part Two Satisfaction with counseling**

To assist the Counseling Center in improving its counseling services, please provide feedback and suggestions based on your experiences during individual counseling. Thank you!

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
| 1. I feel that I established a good relationship with my counselor. | □ | □ | □ | □ | □ |
| 2. I feel that my counselor understands how I feel. | □ | □ | □ | □ | □ |
| 3. I feel that my counselor supports and accepts me. | □ | □ | □ | □ | □ |
| 4. I feel that counseling has helped me to gain a better understanding of myself. | □ | □ | □ | □ | □ |
| 5. I feel that counseling has provided me with the assistance I need to address the issues I want to tackle. | □ | □ | □ | □ | □ |
| 6. If the need arises in the future, I am willing to seek counseling again.  | □ | □ | □ | □ | □ |
| 7. I am satisfied with the meeting space provided by the Counseling Center. | □ | □ | □ | □ | □ |
| 8. I am satisfied with Counseling Center’s process for arranging counseling sessions. | □ | □ | □ | □ | □ |

Other feedback for the Counseling Center:

**~~You have reached the end of the survey, thank you for your feedback. ~~**

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Storage period: 10 years