

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

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel that my counselor understands how I feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel that my counselor supports and accepts me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I feel that counseling has helped me to gain a better understanding of myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel that counseling has provided me with the assistance I need to address the issues I want to tackle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the need arises in the future, I am willing to seek counseling again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am satisfied with the meeting space provided by the Counseling Center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am satisfied with Counseling Center’s process for arranging counseling sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other feedback for the Counseling Center:

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