

**University of Wisconsin-Platteville Counseling Services
STUDENT EVALUATION OF SERVICES – 2008-09**

SUMMARY

N = 90

DEMOGRAPHIC INFORMATION *Directions: Please mark the appropriate response in each category.*

1. **Present Classification** 14(16%)= Fr 19(21%)= So 25(28%)= Jr 29(32%)= Sr 3(3%)= Masters 0= Other
2. **Age:** 78(87%)=17-24 12(13%)= 25 or over
3. **Gender:** 33(37%)= M 56(62%)= F 0= Other 1= Not Marked
4. **Ethnic Background:** 0= African American 2(2%)= Asian American 83(92%)= Caucasian 4(4%)= Hispanic/Latino(a)
0= Native American 0= International 1(1%)= Other
5. Indicate your **reason(s)** for counseling: (check all that apply) 48(53%)= personal 4(4%)= academic 1(1%)= career/major
21(23%)= p+a 8= (9%)p+c/m 0= a+c/m 8(9%)= p+a+c/m
6. About how many **sessions** have you had this academic year (2008-09) with your counselor? 11(12%)=1 26(29%)= 2-3 25(28%)= 4-6 8(31%)= 7+
7. Which semester(s) did you attend counseling? 13(14%)= Fall, 2008 42(47%)= Spring, 2009 35(39%)= both

GENERAL PERCEPTIONS *Directions: Please circle the most accurate response to the following statements.*

- | | |
|--|----------------------------------|
| | Comments: |
| 8. The receptionist provided assistance in a timely manner. | 90= YES 0= NO |
| 9. I was able to schedule my initial appointment within an acceptable period of time. | 90= YES 0= NO |
| 10. I was able to schedule follow-up appointments within an acceptable period of time. | 79= YES 1= NO 10= Not Applicable |
| 11. The reception area was adequate and comfortable. | 89= YES 1= NO |

PERCEPTIONS OF COUNSELOR *Directions: Please indicate your level of agreement with the following statements about your counselor by circling the appropriate response using a 1 (low) to 5 (high) scale with NA=Not Applicable or Don't Know .*

- | | | | | |
|---|-----------|--------|-------------|------------------|
| My counselor: | Low | High | AVG | Comments: |
| 12. provided an environment in which I felt comfortable discussing my concerns. | 1 2 3 4 5 | | 4.82 | |
| 13. showed concern and respect for me and my welfare. | 1 2 3 4 5 | | 4.90 | |
| 14. listened to my ideas and feelings. | 1 2 3 4 5 | | 4.90 | |
| 15. helped me understand and clarify my concerns. | 1 2 3 4 5 | | 4.84 | |
| 16. helped me to develop ways of coping with my concerns. | 1 2 3 4 5 | | 4.70 | |
| 17. provided materials and/or assignments related to my concerns | 1 2 3 4 5 | NA(14) | 4.54 | |

OVERALL COUNSELING PERCEPTIONS *Directions: Please indicate your level of agreement with the following statements about your counselor by circling the appropriate response using a 1 (low) to 5 (high) scale*

- | | | | | |
|--|-----------|------|-------------|------------------|
| | Low | High | AVG | Comments: |
| 18. I feel I put significant effort into the counseling process. | 1 2 3 4 5 | | 4.36 | |
| 19. Please rate the overall level of distress that brought you to counseling | 1 2 3 4 5 | | 4.29 | |
| 20. Please rate the overall level of that same distress at this time | 1 2 3 4 5 | | 2.70 | |

Directions: Please circle the most accurate response to the following statements.

21. Overall, I believe that the counseling I received was helpful. 85(94%)= Yes 1= No 3= Unsure 1= Not Marked
22. Overall, I believe that the counseling I received has contributed to my success as a student at UWP. 66(73%)= Yes 6= No 18= Unsure
23. It is important that these counseling services are provided for UWP students. 90(100%)= Yes 0= No 0= Unsure
24. I would refer my friends to Counseling Services. 86(96%)= Yes 1= No 3= Unsure
25. I would return for counseling if I had the need. 88(98%)= Yes 0= No 2= Unsure
26. I believe my counseling is kept strictly confidential. 87(97%)= Yes 0= No 3= Unsure

Staff: 32=DD 10=RM 5=RV 34=PH 9=GT Returned by mail = 19

GENERAL COMMENTS (see separate document)