

**SURVEY**  
**Student Opinion of Counseling**  
**Broward Community College**

Instructions for

**Survey of Student Opinion of Counseling**

1. Thank you for your cooperation in completing this Student Opinion of Counseling Survey.
  
2. The information obtained from the survey is intended to assist in maintaining high quality services for our students.
  
3. Please place your completed survey in the attached envelope addressed to the Associate Dean of Student Affairs, seal it, and return it to the front desk. The envelope will be forwarded to the Associate Dean of Student Affairs.

\_\_\_\_\_  
Name of Counselor/Advisor

\_\_\_\_\_  
Date

**Please check all that pertain to you.**

Reason for seeking assistance from the Counseling Office:

- \_\_\_\_\_ Information on admission as a new student
- \_\_\_\_\_ Academic Advising / Educational Planning
- \_\_\_\_\_ Career Counseling
- \_\_\_\_\_ Personal Counseling
- \_\_\_\_\_ Transfer Counseling
- \_\_\_\_\_ English for Academic Purposes (EAP/ESL information)
- \_\_\_\_\_ International Student (F-1 Visa) information
- \_\_\_\_\_ Other \_\_\_\_\_

**Please check one:**

1. Receiving services from this counselor today was:  

_____ Very Helpful	_____ Helpful
_____ Slightly Helpful	_____ Unsatisfactory
  
2. How many times have you received services from this counselor?  

_____ 0	_____ 1-2 times	_____ 3-4 times	_____ 5+ times
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3. If you were to need the services of our office again, would you see this same counselor?  

_____ Yes	_____ No
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4. Do you have any comments about this counselor or any of our services?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Name (Optional)

**Thank you!**

