



DATE \_\_\_\_\_

LEARNING MORE ABOUT STUDENT’S RESPONSES TO OUR SERVICES IS IMPORTANT TO US IN OUR PLANNING ACTIVITIES. THANK YOU FOR ASSISTING WITH THIS EVALUATION. FEEL FREE TO PLACE YOUR NAME ON THE FORM OR REMAIN ANONYMOUS. Please forward to Student Support Services.

I utilize the following \_\_\_\_\_ Counseling \_\_\_\_\_ Disability \_\_\_\_\_ Deaf \_\_\_\_\_ Special Populations  
 service: \_\_\_\_\_ Career Svcs \_\_\_\_\_ Other \_\_\_\_\_

PLEASE CIRCLE THE NUMBER OF SESSIONS YOU HAVE COMPLETED

1            2            3            4            5            6            7            8+

PLEASE CIRCLE THE NUMBER TO THE RIGHT OF EACH STATEMENT, WHICH INDICATES YOUR LEVEL OF SATISFACTION with services. **1** Very Dis-satisfied **2** Dis-satisfied **3** Fair **4** Satisfied **5** Very Satisfied

1.	I was treated courteously by CTC Staff.	1	2	3	4	5
2.	I felt the counselor was appropriately concerned about my problem.	1	2	3	4	5
3.	The counselor seemed well trained and skilled in helping me with my concerns.	1	2	3	4	5
4.	If the need to speak to someone arises again, I would return to this department again.	1	2	3	4	5
5.	I would recommend this department(s) support services to others.	1	2	3	4	5
6.	I felt that the visit(s) were useful and I experienced improvement in the condition or problems for which I sought services.	1	2	3	4	5

PLEASE WRITE BELOW ANY COMMENTS YOU HAVE. WE ARE PARTICULARLY INTERESTED IN YOUR SUGGESTIONS AS TO HOW OUR SERVICES COULD BE IMPROVED.

How did support services help you meet personal or educational goals?

How did support services help you to stay in school?
If not, why?
Other comments:

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