

Report: [Survey Results - Compiled Results Report Generated by Taskstream - Advancing Educational Excellence](#)

Form: School Counseling Alumni Survey

Report Generated: Thursday, March 02, 2017

Survey Cases: CASE #1:

Survey Launch: School Counseling Alumni Survey 2015 to 2013 individual(s) of 37 total responded to this survey launch (8.11)

First Name (Required Element)

Form Element Type: Open Ended Response

Total Individual Response(s): 3 Individual Response(s)

Response(s)

Open-ended responses are not available on this report.

Last Name (Required Element)

Form Element Type: Open Ended Response

Total Individual Response(s): 3 Individual Response(s)

Response(s)

Open-ended responses are not available on this report.

Name you went by in graduate school (Required Element)

Form Element Type: Open Ended Response

Total Individual Response(s): 3 Individual Response(s)

Response(s)

Open-ended responses are not available on this report.

Year degree earned (Required Element)

Form Element Type: Open Ended Response

Total Individual Response(s): 3 Individual Response(s)

Response(s)

Open-ended responses are not available on this report.

Mailing Address (Required Element)

Form Element Type: Open Ended Response

Total Individual Response(s): 3 Individual Response(s)

Response(s)

Open-ended responses are not available on this report.

Mobile Phone Number

Form Element Type: Open Ended Response

Total Individual Response(s): 3 Individual Response(s)

Response(s)

Open-ended responses are not available on this report.

Home Phone Number

Form Element Type: Open Ended Response

Total Individual Response(s): 3 Individual Response(s)

Response(s)

Open-ended responses are not available on this report.

Current Employer (Required Element)

Form Element Type: Open Ended Response

Total Individual Response(s): 3 Individual Response(s)

Response(s)

Open-ended responses are not available on this report.

Dates of Employment

Form Element Type: Open Ended Response

Total Individual Response(s): 3 Individual Response(s)

Response(s)

Open-ended responses are not available on this report.

Position or Title at place of employment

Form Element Type: Open Ended Response

Total Individual Response(s): 3 Individual Response(s)

Response(s)

Open-ended responses are not available on this report.

Using the rating scale below, reflect on your professional counseling experience since graduating from the school counseling program. Then rate each content area in terms of how adequately it prepared you for your work.

Curriculum Content Area (Required Element)

Form Element Type: Rating Scale

Total Individual Response(s): 3 Individual Response(s)

Response Legend: 4 = Excellent 3 = Good 2 = Fair 1 = Poor

Rated Item(s)	Total	Distribution %					Average	Median	Mode	Standard Deviation
		4	3	2	1	N/A				
Human Growth and Development	3	33.33%	66.67%	0.00%	0.00%	0.00%	3.33	3	3	0.47
Social and Cultural Foundations	3	33.33%	33.33%	33.33%	0.00%	0.00%	3	3	2,3,4	0.82
Helping Relationships	3	66.67%	0.00%	33.33%	0.00%	0.00%	3.33	4	4	0.94
Group Work	3	33.33%	66.67%	0.00%	0.00%	0.00%	3.33	3	3	0.47
Career and Lifestyle Development	3	66.67%	33.33%	0.00%	0.00%	0.00%	3.67	4	4	0.47
Appraisal	3	66.67%	0.00%	0.00%	0.00%	33.33%	4	4	4	0
Research and Program Evaluation	3	33.33%	33.33%	33.33%	0.00%	0.00%	3	3	2,3,4	0.82
Professional Orientation and Ethics	3	33.33%	33.33%	33.33%	0.00%	0.00%	3	3	2,3,4	0.82
Knowledge and Skills in School Counseling	3	66.67%	33.33%	0.00%	0.00%	0.00%	3.67	4	4	0.47
How would you rate your overall satisfaction with the School Counseling Program?	3	66.67%	33.33%	0.00%	0.00%	0.00%	3.67	4	4	0.47
Total	30	50.00%	33.33%	13.33%	0.00%	3.33%	3.38	4	4	0.72

1. What do you consider the strengths of the School Counseling Program?

Form Element Type: Open Ended Response

Total Individual Response(s): 3 Individual Response(s)

Response(s)

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2. What do you consider the limitations of the School Counseling Program?

Form Element Type: Open Ended Response

Total Individual Response(s): 3 Individual Response(s)

Response(s)

Open-ended responses are not available on this report.

3. What would you like to have seen added to the School Counseling Program?

Form Element Type: Open Ended Response

Total Individual Response(s): 3 Individual Response(s)

Response(s)

Open-ended responses are not available on this report.

4. Describe the overall impact of faculty/supervisors on your learning experience.

Form Element Type: Open Ended Response

Total Individual Response(s): 3 Individual Response(s)

Response(s)

Open-ended responses are not available on this report.

5. Describe the strengths and weaknesses of your clinical practicum and internship experiences.

Form Element Type: Open Ended Response

Total Individual Response(s): 3 Individual Response(s)

Response(s)

Open-ended responses are not available on this report.

6. What other suggestions do you have for improving the School Counseling Program?

Form Element Type: Open Ended Response

Total Individual Response(s): 3 Individual Response(s)

Response(s)

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