

**Department of Counseling and Family Therapy  
Central Connecticut State University  
School Counseling Graduate Survey 2009**

The strength of the program is dependent on input from our students and graduates. Your responses will help us in our efforts to enhance the quality of our program. Thank you for your help and time.

Name \_\_\_\_\_ Year degree earned \_\_\_\_\_

Name you went by in graduate school \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ E-Mail \_\_\_\_\_

Current Employer \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Position/Title \_\_\_\_\_

**Curriculum**

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.

Content Area	1= excellent 2= good 3= fair 4= poor 5= not applicable				
Human Growth and Development	1	2	3	4	5
Social and Cultural Foundations	1	2	3	4	5
Helping Relationships	1	2	3	4	5
Group Work	1	2	3	4	5
Career and Lifestyle Development	1	2	3	4	5
Appraisal	1	2	3	4	5
Research and Program Evaluation	1	2	3	4	5
Professional Orientation and Ethics	1	2	3	4	5
Knowledge and Skills in School Counseling	1	2	3	4	5

## General

1. What do you consider the strengths of the School Counseling Program?
2. What do you consider the limitations of the School Counseling Program?
3. What would you like to have seen added to the School Counseling Program?
4. Describe the overall impact of faculty/supervisors on your learning experience.
5. Describe the strengths and weaknesses of your clinical practicum and internship experiences.
6. What other suggestions do you have for improving the School Counseling Program?
7. On a scale from 1 ( excellent) to 4 (poor), how would you rate your overall satisfaction with the School Counseling Program? \_\_\_\_\_