Name: ____________________________________________  W#: ____________________________  

Fall  Spring  Summer  20_______  Counselor: _____________________________________

Please take a moment to respond to the following. Your comments are appreciated and will be held in confidence.

1. The Academic Counseling services were valuable to me:  
   always  often  neutral  sometimes  never
   5  4  3  2  1

2. The Career Counseling services increased my awareness of careers:
   5  4  3  2  1

3. The Personal Counseling services were valuable to me:
   5  4  3  2  1

4. The workshops helped me to strengthen my academic skills, added to my personal growth, and/or strengthened/enhanced my technology skills:
   5  4  3  2  1

5. The Program has helped me to meet my academic goals:
   5  4  3  2  1

6. The Mentoring services were beneficial in my adjustment to the university and allowed me to enhance my academic skills, technology skills, and enhanced my awareness of careers:
   5  4  3  2  1

7. The graduate school counseling services I received were valuable to me:
   Strongly agree  agree  neutral  disagree  strongly disagree
   5  4  3  2  1

8. Tutoring services enabled me to earn higher grades:
   5  4  3  2  1

9. Considering the program as a whole, these services were valuable:
   5  4  3  2  1

10. Would you recommend that Student Support Services rehire your tutor(s)?
    yes  no  tutor name ____________________________
    comments__________________________

11. Would you recommend that Student Support Services reuse your mentor?
    yes  no  mentor name ____________________________
    comments__________________________

12. What campus/community organizations and committees did you participate in this semester?(Fraternities/Sororities, Student Government, Clubs, Honor Societies, etc.)
13. What educational or cultural activities did you participate in or attend this semester?

<table>
<thead>
<tr>
<th>Art Exhibit</th>
<th>Lecture</th>
<th>Local Festival</th>
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<tbody>
<tr>
<td>Musical</td>
<td>Theater Presentation</td>
<td>Other________________________</td>
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Below is a checklist which can help us analyze your progress in study skills, academic competence and personal issues. Please circle the appropriate responses.

14. My time is unwisely distributed. I spend too much time on some things and not on others. (Rarely, Sometimes, Often)

15. My periods of study are interrupted by outside interference such as telephone calls, visitors, and distracting noises. (Rarely, Sometimes, Often)

16. I miss important points in the lecture while copying down notes on something that has gone before. (Rarely, Sometimes, Often)

17. I try to carry over facts learned in one course into other courses. (Rarely, Sometimes, Often)

18. I get nervous on exams: blank_out, panic, feel nauseated. (Rarely, Sometimes, Often)

19. I feel concerned about my major. (Rarely, Sometimes, Often)

20. I experience stress related to school. (Rarely, Sometimes, Often)

21. I am comfortable around other people. (Rarely, Sometimes, Often)

22. I am confused about career decisions. (Rarely, Sometimes, Often)

23. I attend cultural activities. (Rarely, Sometimes, Often)

24. I am exposed to a variety of cultural events. (Rarely, Sometimes, Often)

25. I have trouble filling out the financial aid application. (Rarely, Sometimes, Often)

26. I feel that I am familiar with all the available types of financial aid. (Rarely, Sometimes, Often)

27. How could we better meet your needs as a student?

28. Do you plan to attend SLU next semester? Fall _____ Spring _____ Summer____
   If yes, what services will you need? If tutoring will be needed please list course and number

   If no, do you plan to: transfer_____ withdraw_____ graduate_____  

29. I am graduating this semester, I plan to find a job_____ attend graduate school_____ work in my field_____ other _____

   If your address or phone number has changed, please write it so that we can still reach you.