

# Saraswati College of Education

(12 km Stone, Tosham Road Near Mirkan Bus stoppage Hisar, 125001 Haryana)

## Counseling Services Feedback Form

**Purpose:** This form allows students to request counseling services for academic, career, personal, or psychological support. All information is **confidential**

### ANNEXURE A

#### Student Details

(Optional – can be left blank if the student wishes to remain anonymous)

Field	Details
Name of Student	_____ –
Enrollment Number	_____ –
Course & Year	_____ –
Date of Counseling Session	_____ –

#### Feedback on Counseling Session

Please rate the following on a scale of 1 (Poor) to 5 (Excellent):

Parameter	1	2	3	4	5
Accessibility of counseling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of scheduling appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Confidentiality maintained during session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselor's ability to listen and understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of guidance provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall satisfaction with the counseling session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Open Feedback

1. What did you find most helpful about the counseling session?  
\_\_\_\_\_
2. What improvements would you suggest for the counseling services?  
\_\_\_\_\_
3. Would you recommend the counseling services to other students?  
 Yes  No

## Student Declaration

I confirm that this feedback reflects my genuine experience and is provided voluntarily.

Signature of Student (if not anonymous): \_\_\_\_\_

Date: \_\_\_\_\_

Online Link : [COUNSELLING FEEDBACK FORM](#)