Post Advisement Form - DEPT USE

Start of Block: Default Question Block

Q1 **CALIFORNIA STATE UNIVERSITY - FRESNODEPARTMENT OF COUNSELOR EDUCATION AND REHABILITATION POST ADVISEMENT QUESTIONNAIRE** Recently, you had an advisement contact with Dr. Griffin. Since quality advisement is important in your pursuit of graduate studies, this questionnaire has been provided to solicit your input on the advisement process. It is a goal of the department faculty and staff to make advisement both enlightening and informative to the student. In order to help us out, you are asked to complete this brief questionnaire and return it to room 350 to be placed in the Advisor's mailbox. (Note: Submitted virtually using an anonymous Qualtrics link due to COVID-19 restrictions)

Q2 MS Counseling Program (check program options which apply to you):

- [ ] MFCC (60 UNITS) (1)
- [ ] SCHOOL COUNSELING K-12/PPS (48 UNITS) (2)
- [ ] STUDENT AFFAIRS & COLLEGE COUNSELING (48 UNITS) (3)
- [ ] PPS CREDENTIAL ONLY (48 UNITS) (4)
- [ ] REHAB COUNSELING (60 UNITS) (5)
- [ ] OTHER: (6) _____

Q3 Purpose of the advisement contact: (Check those which apply)

- [ ] 1. I was inquiring about the counseling programs. (1)
- [ ] 2. I have been accepted in the program; this is my initial contact with an advisor. (2)
- [ ] 3. Reviewed progress in my program with my advisor. (3)
- [ ] 4. Reviewed program for completing advancement to candidacy. (4)
- [ ] 5. Other: (5) _____

Q4 Personal Evaluation of the Advisement Contact:

Directions: Please check the appropriate designation to reflect your reaction to the way in which your advisement visitation was handled:

I found Dr. Griffin to be:

	SA "Strongly Agree" (1)	A "Agree" (2)	N "Neutral" (3)	D "Disagree" (4)	SD "Strongly Disagree" (5)	NA "Not Applicable" (6)
1. knowledgeable with regard to program matters." (1)	○	○	○	○	○	○
2. resourceful in seeking answers to questions hard to answer." (2)	○	○	○	○	○	○
3. respectful of my needs and current goals." (3)	○	○	○	○	○	○
4. friendly and open in all of our discussion." (4)	○	○	○	○	○	○

5. prompt with follow-up when needed." (5)	○	○	○	○	○	○
6. effective use of time in our advisement contact." (6)	○	○	○	○	○	○

Q5 Overall, I consider the quality of my advising contact with Dr. Griffin to be:

- ○ Excellent (1)
- ○ Good (2)
- ○ Fair (3)
- ○ Poor (4)
- ○ Unacceptable (5)

Q6 Write personal comments below.

_____

Q7 Date of Meeting (MM/DD/YY)

_____

End of Block: Default Question Block