LONE STAR STATE SCHOOL COUNSELOR ASSOCIATION

Student Feedback Form (Secondary)

Counselor: _____ Topic: _____

Activity: __ Classroom guidance __ Individual counseling __ Group counseling

Directions: Please read each statement and circle the number that best describes your evaluation of the counseling activity.

Strongly Disagree-1; Disagree-2; Agree-3; Strongly Agree- 4

#	Question	SD	D	A	SA
1	I learned something new from the lesson today.	1	2	3	4
2	The lesson was fun and interesting!	1	2	3	4
3	My counselor gave me the opportunity to participate in the lesson!	1	2	3	4

Two things that I learned

1._____

2._____

Additional Comments for my counselor:

_____

_____

_____

Student Name (optional) _____ Date _____