



GROUP COUNSELING STUDENT FEEDBACK FORM

We would like your feedback on your group experience. This information will be kept confidential. We appreciate your honesty and ask that you do not put your name on the sheet so that your responses will remain anonymous. Your feedback will help us improve our group counseling services. Please complete the form. For #1-9, please circle the number along the scale that best represents your counseling experience:

Not Applicable	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
N/A	5	4	3	2	1

1. I made progress toward my personal goals in group counseling.	N/A	5	4	3	2	1
2. I can work more effectively on my personal problems.	N/A	5	4	3	2	1
3. I can better understand my problems/issues.	N/A	5	4	3	2	1
4. I can better communicate my thoughts and feelings.	N/A	5	4	3	2	1
5. I am more sensitive to, and accepting of, differences in others.	N/A	5	4	3	2	1
6. Group Counseling helped me stay in school.	N/A	5	4	3	2	1
7. I feel that I can better handle my feelings and behavior.	N/A	5	4	3	2	1
8. I have healthier relationships with others.	N/A	5	4	3	2	1
9. I am satisfied with my overall group counseling experience	N/A	5	4	3	2	1

10. What were the best features of this group?

11. What didn't you like or how might the group be changed?

12. How could the group counselor/leader improve?

The following to be used at your final evaluation:

Number of group sessions I have completed this semester: _____ Fall _____ Spring

Completed this year: _____

Group Counselor/Leader's name _____

