



Smt. Indira Gandhi PG College

(Affiliated to Maharaja Suhel Dev State University)

ANNEXURE 2

Counseling Services Feedback Form

Purpose: This form collects student feedback after counseling sessions to improve the quality and effectiveness of services. Responses will be kept **confidential**.

Online Link-

https://docs.google.com/forms/d/e/1FAIpQLSeO7kFQ3q1v3DrDWauI2kMPWt686jO6aMXTntmPm4n6uODs0g/viewform?usp=pp_url

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: _____