

Dean of Students
Counseling Center

EXPRESS COUNSELING

Mark as shown: ☐ ☒ ☐ ☐ ☐ Please use a ball-point pen or a thin felt tip. This form will be processed automatically.Correction: ☐ ☒ ☐ ☒ ☐ Please follow the examples shown on the left hand side to help optimize the reading results.

1. Location

- 1.1 Location that you received Express Counseling Services: ☐ Madera Center ☐ Willow International Center ☐ Reedley College Center
- 1.2 Month when Express Counseling Services at the North Centers were used: ☐ January ☐ March ☐ April
☐ May ☐ August ☐ October
☐ November

2. About Express Counseling:

- 2.1 Did you learn how to use express counseling to take care of your academic questions? ☐ Yes ☐ No
- 2.2 Were your academic questions answered? ☐ Yes ☐ No
- 2.3 Strengths of Express Counseling Services: (mark all that apply)
- | | | |
|--|--|---|
| <input type="checkbox"/> Shorter wait time | <input type="checkbox"/> Questions answered quickly | <input type="checkbox"/> Counselors more accessible at express table |
| <input type="checkbox"/> Referrals to appropriate services helpful | <input type="checkbox"/> Counselors were knowledgeable about programs and services | <input type="checkbox"/> Resources were available and/or provided (registration instructions, class schedule, important dates, course requirements, etc.) |
- 2.4 Please indicate referrals made for you by the Express Counselor (mark all that apply):
- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Admissions | <input type="checkbox"/> CalWorks | <input type="checkbox"/> Counseling Workshop |
| <input type="checkbox"/> DSP&S | <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Health Services |
- 2.5 Would you utilize Express Counseling Services again? ☐ Yes ☐ No
- 2.6 How can we improve Express Counseling Services?

