

\Counseling & Testing Center  
Client Satisfaction Survey

Date: \_\_\_\_\_

**So that we may better serve you, please complete our survey. Thank you.**

1. Was your Counselor knowledgeable? Yes No N/A
2. Were the Staff at the front desk helpful and courteous? Yes No N/A
3. Were you satisfied with the setting? Yes No N/A  
(If **No**, please explain: \_\_\_\_\_  
\_\_\_\_\_)
4. Was counseling helpful to you? Yes No N/A  
(If **No**, please explain: \_\_\_\_\_  
\_\_\_\_\_)
5. Were you satisfied with your counseling experience? Yes No N/A  
(If **No**, please explain: \_\_\_\_\_  
\_\_\_\_\_)
6. Were the Staff professional? Yes No N/A
7. Were the Staff responsive to your needs? Yes No N/A  
(If **No**, please explain: \_\_\_\_\_  
\_\_\_\_\_)
8. Did the services you received here help you stay in school? Yes No N/A
9. If a friend were in need of services would you refer him/her here? Yes No  
N/A
10. Were the quality of services you received here Excellent? Yes No N/A

**Any Comments?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please direct any further comments/questions to:  
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