

# ANNEXURE B

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## Gopinath PG College

(Salamatpur, Uttar Pradesh 275201)

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### 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**.

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Online link to Submit the Feedback :

[https://docs.google.com/forms/d/e/1FAIpQLSfM-VopIXU7FfOdtYduli4OYITeiXA7H4O5TwKhFe3Dssolcq/viewform?usp=pp\\_url](https://docs.google.com/forms/d/e/1FAIpQLSfM-VopIXU7FfOdtYduli4OYITeiXA7H4O5TwKhFe3Dssolcq/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	_____ –

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#### 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"/>

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### 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

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### Student Declaration

I confirm that this feedback reflects my genuine experience and is provided voluntarily.

Signature of Student (if not anonymous): \_\_\_\_\_

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