

Assessment Information from Other Departments



To enable us to structure a consultation that will best meet your needs, please provide the following information. All information will be reported in an aggregate fashion when collected, and, if you choose not to record identifying information, that is acceptable. Information e-mailed back will not have identifying information attached to it.

Name: _____	Position: _____
Years in position: _____	Department: _____

- 1. What do you perceive as the outstanding work or benefit that the Students Counseling Center provides?**

- 2. What specific issues or problems do you perceive that the consultation should address (e.g., leadership, staffing, scope of services, quality of services/care, improved understanding between departments, etc)?**

- 3. What is your impression as to why this consultation is taking place, and has information been given to you with regard as to why?**

- 4. Other issues that I would like the consultation to address:**