

SAP Counselor Satisfaction Survey

SAP Team Consultant(s): _____

School District: _____ Name of School: _____

Test Type:

- Pre-Test Post-Test Evaluation

Gender Identity:

- Female Male Other

Age: _____

Grade:

- Kindergarten First Second
 Third Fourth Fifth
 Sixth Seventh Eighth
 Ninth Tenth Eleventh
 Twelfth

Would you describe yourself as:

- Asian American Indian/Alaskan Native Black or African American
 Caucasian/White Native Hawaiian/Other Pacific Islander More Than One Race
 Unknown

Ethnicity:

- Hispanic or Latino Not Hispanic or Latino

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	Poor	Fair	Good	Excellent
1. I would rate the service provided by our SAP Counselor as:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The degree to which your SAP Counselor was able to meet the needs of your school:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain:

	Poor	Fair	Good	Excellent
3. Your SAP Counselor's ability to work with other SAP team members:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. The greatest strength(s) your SAP Counselor brings to your team is:

5. The area(s) in which you would like to see changes with your SAP Counselor is:

6. The greatest strength(s) your SAP Counselor brings to your team is:

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7. The area(s) in which you would like to see changes with your SAP Counselor is:

8. Your goal(s) for your SAP team next year are:

9. Other comments or suggestions:
