



















Seminole County Public Schools (SCPS) and
 UCF College of Education & Human Performance (UCF-CEDHP) Partnership
Counseling Services at Hamilton and Midway Elementary Schools
 Fall 2019 & Spring 2020

**Counseling Session Experience Scale (CSES) –
 Elementary School Student Version**

Please answer these questions at the end of your counseling session. **Your counselor will *not* see your responses.** We want to help support you. Please read the following statements and choose a response that **BEST** describes your time with your counselor today. *There are no right or wrong answers.*

How was your experience in counseling today?	Rating		
Directions: Please read each statement and circle the <i>face</i> that shows how you feel about the sentence.	Disagree	Not Sure	Agree
1. I felt comfortable talking with my counselor today. (TR)			
2. Today's counseling session helped me change my behavior. (SC)			
3. My counselor cared about how I was feeling today. (TR)			
4. Today my counselor helped me work on my counseling goal(s). (SC)			
5. I want to work hard to reach my counseling goal(s). (SC)			
6. My counselor thinks that I can reach my counseling goal(s). (TR)			

Written Feedback on Today's Counseling Session:

What is one of your counseling goals?

What did you like in counseling today? What helped you?

What was *not* helpful today in counseling? What didn't you like?

Thank you!