

Sacramento State University – 2005 Alumni Survey – Department of Counselor Education

I. Demographics (please check all that apply)

A. Degree or Credential earned at Sacramento State University:

1. ___ Master of Science in Counseling Degree: Year (YYYY): _____

a. Please check the specialization(s) you earned along with your degree:

___ Community Counseling

___ School Counseling

___ Career Counseling

___ Marriage, Family and Child Counseling

2. ___ Pupil Personnel Services Credential, School Counseling: Year (YYYY): _____

B. Degree earned at another institution:

1. ___ Master of Science in _____ Year (YYYY): _____

2. ___ Master of Arts in _____ Year (YYYY): _____

3. ___ Master of Education in _____ Year (YYYY): _____

4. ___ Other (please list): _____ Year (YYYY): _____

II. Current Employment

A. Status: ___ Full time ___ Part time ___ Unemployed ___ Retired

B. Please list your job title and describe your position:

C. Which **one** of the following best describes your current primary place of employment?

___ 1. Community Counseling Agency	___ 8. General Hospital
___ 2. Elementary or Secondary School	___ 9. Psychiatric Hospital
___ 3. College/University Counseling Ctr.	___ 10. Other Inpatient Facility
___ 4. College/University Faculty	___ 11. Criminal Justice
___ 5. Community/Junior College	___ 12. Outpatient Clinic
___ 6. Veteran's Hospital	___ 13. Independent Practice
___ 7. HMO	___ 14. Other (please specify)

D. If you have obtained employment in a job related to your degree, please indicate how you heard about this position. Please check all that apply:

___ 1. Personal contact	___ 4. Announcement forwarded by department
___ 2. Professional journal advertisement	___ 5. Other (please specify)
___ 4. Professional contact through practicum	_____

E. If you are NOT presently employed in a professional position related to the degree you earned at Sacramento State University, please explain (e.g., currently seeking a relevant position; personal situation or choice; landed more desirable job outside of the profession, etc.):

F. Please estimate the **number** of hours per week you spend in each of the following activities:

___ 1. Individual counseling	___ 7. Research/scholarly writing
___ 2. Group counseling	___ 8. Teaching
___ 3. Supervision	___ 9. Administration
___ 4. Couples/family counseling	___ 10. Report writing
___ 5. Consultation	___ 11. School-based meetings
___ 6. Diagnosis/Assessment	___ 12. Other (please specify)

III. Membership in Professional Organizations (please check all that apply)

___ 1. American Counseling Association (ACA) Please specify ACA division membership: _____	___ 5. California Career Development Association (CCDA)
___ 2. American Association for Marriage and Family Therapy (AAMFT)	___ 6. California Association for Marriage and Family Therapy (CAMFT)
___ 3. American School Counselor Association (ASCA)	___ 7. Other (please specify) _____
___ 4. California Association for Counseling and Development (CACD)	

IV. Licenses, Credentials, and Certifications (please check all that apply)

___ 1. Nationally Certified Counselor (NCC) Year (YYYY): _____	___ 4. California Pupil Personnel Services Credential (school counseling only) Year (YYYY): _____
___ 2. Licensed Marriage and Family Therapist (LMFT) State: ___ Year(YYYY): _____	___ 5. Other (please list) _____ State: ___ Year (YYYY): _____
___ 3. Licensed Professional Counselor (or equivalent) State: ___ Year (YYYY): _____	

V. Achievements, Leadership, Honors, and Service

The list below contains some of the leadership positions, honors, and recognitions that you may have received related to the degree you earned. Please check all that apply, and, in the space below, add any other professional accomplishments or honors that you have received:

- ___ 1. Member in Chi Sigma Iota
- ___ 2. Leadership in professional organizations (please specify): _____

- ___ 3. Scholarships (please specify): _____

- ___ 4. Other (please specify): _____

VI. Scholarly Work

The list below contains items related to your research, publications, and other scholarly work. Please circle the number that represents your accomplishments.

- | | | | | | | | | |
|--|---|---|---|---|---|---|---------|------------|
| 1. National conference presentations | 0 | 1 | 2 | 3 | 4 | 5 | 6 to 10 | 11 or more |
| 2. Other conference presentations | 0 | 1 | 2 | 3 | 4 | 5 | 6 to 10 | 11 or more |
| 3. Refereed publications | 0 | 1 | 2 | 3 | 4 | 5 | 6 to 10 | 11 or more |
| 4. Non-refereed publications | 0 | 1 | 2 | 3 | 4 | 5 | 6 to 10 | 11 or more |
| 5. Other publications or presentations (please describe) | | | | | | | | |

VII. Financial Support

- A. Did you receive financial support during your college/certification program at Sacramento State University?
 ___ Yes ___ No
- B. If **yes**, what were your sources of support?

- C. Please put a check beside the words that best describe the extent to which you felt financially supported by your department

___ 1. Completely unsupported	___ 4. Not very supported
___ 2. Somewhat unsupported	___ 5. Somewhat supported
___ 3. Strongly supported	___ 6. Very strongly supported

VIII. Training

Listed below are major areas of training in the curricula. Using the scale below, please **circle** the number that best represents your judgment of the preparation you received in the Counseling Program at Sacramento State University (including courses, practicum, and other school experiences).
(Circle N/A if the area of training is not relevant to your career/curriculum.)

	Very inadequate training						Excellent training	
1. Individual counseling	1	2	3	4	5	6	7	NA
2. Group counseling	1	2	3	4	5	6	7	NA
3. Marriage counseling	1	2	3	4	5	6	7	NA
4. Family therapy	1	2	3	4	5	6	7	NA
5. Career counseling	1	2	3	4	5	6	7	NA
6. Psychopathology	1	2	3	4	5	6	7	NA
7. Statistics and research design	1	2	3	4	5	6	7	NA
8. Counseling diverse populations	1	2	3	4	5	6	7	NA
9. Ethical/legal issues	1	2	3	4	5	6	7	NA
10. Assessment	1	2	3	4	5	6	7	NA
11. Broad theoretical knowledge	1	2	3	4	5	6	7	NA
12. Integration of theory, research, & practice	1	2	3	4	5	6	7	NA
13. Professional identity	1	2	3	4	5	6	7	NA
14. Professional research and writing	1	2	3	4	5	6	7	NA
15. Program evaluation	1	2	3	4	5	6	7	NA
16. Consultation skills	1	2	3	4	5	6	7	NA
17. Human development	1	2	3	4	5	6	7	NA
18. Knowledge of current health care market	1	2	3	4	5	6	7	NA
OTHER AREAS								
19. Participation in service to the profession	1	2	3	4	5	6	7	NA
20. Community outreach and education	1	2	3	4	5	6	7	NA
21. Supervision A	1	2	3	4	5	6	7	NA
22. Learning to teach	1	2	3	4	5	6	7	NA
23. Other (please list below)	1	2	3	4	5	6	7	NA
a. _____	1	2	3	4	5	6	7	NA
b. _____	1	2	3	4	5	6	7	NA
24. Overall evaluation of the training you received at CSUS	1	2	3	4	5	6	7	NA

Using the **numbers (1-18)** from the list above, please indicate the three training areas that were the most valuable to you and up to three areas in which you wish that you had received more training.

Most valuable:

1. _____
 2. _____
 3. _____

Wish I had received more training:

1. _____
 2. _____
 3. _____

IX. Student-Faculty Relations

Listed below are a variety of items describing relations between students and faculty. Using the scale below, please **circle** the number that represents your experience with the faculty during your training at Sacramento State University.

	Very Poor							Excellent	
1. Advising	1	2	3	4	5	6	7	NA	
2. Respect for diversity	1	2	3	4	5	6	7	NA	
3. Modeling the value of diversity as an important professional goal	1	2	3	4	5	6	7	NA	
4. Encouraging the integration of multicultural perspectives and skills into professional roles	1	2	3	4	5	6	7	NA	
5. Respect for personal/professional boundaries	1	2	3	4	5	6	7	NA	
6. Assistance in practicum/job placement	1	2	3	4	5	6	7	NA	
7. Availability to students	1	2	3	4	5	6	7	NA	
8. Invested in my academic/personal success	1	2	3	4	5	6	7	NA	
9. Other (please list below)	1	2	3	4	5	6	7	NA	
a. _____	1	2	3	4	5	6	7	NA	
b. _____	1	2	3	4	5	6	7	NA	
c. _____	1	2	3	4	5	6	7	NA	

X. Employer Contact Information

In order to determine how the employers of our graduates perceive our program we ask that you provide contact information for your current employer:

Name: _____

Address: _____

XI. Suggestions

Looking back, what were the best things about your classes/degree program at Sacramento State University?

Looking back, what changes would you suggest in the classes/degree program at Sacramento State University?

Thank you very much for your very important input!