| Response Details | | | | | |
|-----------------------|------------------------------|--|--|--|--|
| ID: | 41990443 | | | | |
| Timestamp: | 23 Aug, 2019 07:36:58 AM PDT | | | | |
| IP Address: | 139.67.156.37 | | | | |
| Time Taken: | 620 seconds | | | | |
| Back Button Usage: | Not used | | | | |
| Score: | 0.0 | | | | |
| Survey Language: | English | | | | |
| Source Identifier: | | | | | |
| Email Address: | | | | | |
| Email List: | | | | | |

| Integration Tags | |
|---------------------|--|
| External Reference: | |
| Custom Variable 1: | |
| Custom Variable 2: | |
| Custom Variable 3: | |
| Custom Variable 4: | |
| Custom Variable 5: | |

| Geo Coding ③ | | | |
|--------------|-----|--|--|
| Country: | US | | |
| Region: | IL | | |
| Latitude: | 0.0 | | |
| Longitude: | 0.0 | | |
| Radius: | 0.0 | | |
| | | | |

Questions marked with a * are required

Institution Name:

Eastern Illinois University

* Institution Type: Details

>> Public

* Institution Location/Region: Details

>> North Central Region (i.e., IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, OK, SD, WI)

* Do you have a CACREP-accredited REHABILITATION COUNSELING program accredited under the CORE standards? (This does not include the Dually accredited Clinical Mental Health Counseling and Clinicals Rehabilitation Counseling program or Clinical Rehabilitation Counseling, which

will both be options later in the survey)

» No

* Do you currently have one or more counseling programs accredited under the 2001 Standards?

» No

* Do you currently have one or more counseling programs accredited under the 2009 CACREP Standards?

» Yes

* Do you have a CACREP-accredited ADDICTION COUNSELING program under the 2009 Standards?

» No

* Do you have a CACREP-accredited CAREER COUNSELING program under the 2009 Standards? (Select one option)

» No

* Do you have a CACREP-accredited CLINICAL REHABILITATION COUNSELING program that is dually-accredited as a CLINICAL MENTAL HEALTH COUNSELING program under the 2009 Standards?

» No

* Do you have a CACREP-accredited CLINICAL MENTAL HEALTH COUNSELING program under the 2009 Standards?

✗Yes

What is the minimum number of credit (semester) hours required for your CLINICAL MENTAL HEALTH COUNSELING degree?

60

How many students are currently enrolled in your CLINICAL MENTAL HEALTH COUNSELING program?

39

How many students graduated from your CLINICAL MENTAL HEALTH COUNSELING program in the past year?

6

* To the best of your knowledge, what is the completion rate of students from your CLINICAL MENTAL HEALTH COUNSELING program? Details

≫ 80%

* To the best of your knowledge, what is the licensure [or certification] examination pass rate of students graduating from your CLINICAL MENTAL HEALTH COUNSELING program? Details

≫ 100%

* To the best of your knowledge, what is the job placement rate of graduates from your CLINICAL MENTAL HEALTH COUNSELING program who were actively seeking employment? **Details**

≫ 99%

* Within your academic unit, do you have a second program accredited as a CLINICAL MENTAL HEALTH COUNSELING program? Details

» No

| * Do you have a CACREP-accredited MARRIAGE, COUPLE, AND FAMILY COUNSELING program under the 2009 Standards? |
|---|
| » No |
| * Do you have a CACREP-accredited SCHOOL COUNSELING program under the 2009 Standards? |
| » Yes |
| What is the minimum number of credit (semester) hours required for your SCHOOL COUNSELING degree? |
| 60 |
| How many students are currently enrolled in your SCHOOL COUNSELING program? |
| 36 |
| How many students graduated from your SCHOOL COUNSELING program in the past year? |
| 16 |
| * To the best of your knowledge, what is the completion rate of students from your SCHOOL COUNSELING program? Details 100% |
| * To the best of your knowledge, what is the licensure [or certification] examination pass rate of students graduating from your SCHOOL COUNSELING program? Details |
| ▶ 100% |
| * To the best of your knowledge, what is the job placement rate of graduates from your SCHOOL COUNSELING program who were actively seeking employment? Details |
| ▶ 100% |
| * Within your academic unit, do you have a second program accredited as a SCHOOL COUNSELING program? Details |
| » No |
| * Do you have a CACREP-accredited STUDENT AFFAIRS AND COLLEGE COUNSELING program under the 2009 Standards? |
| » No |
| * Do you have a CACREP-accredited COUNSELOR EDUCATION AND SUPERVISION doctoral program under the 2009 Standards? |
| » No |
| * Do you have one or more counseling programs accredited under the 2016 CACREP Standards? |
| » No |

How many applications for your MASTER'S level CACREP-accredited program(s) did you receive in the past year?

82

* Non-CACREP-Accredited Programs: Please select all programs offered by your academic counseling unit that are NOT ACCREDITED by CACREP.

>> College Counseling and Student Affairs

* Are you able to provide racial/ethnic background information about students enrolled in your CACREP-accredited MASTER'S level COUNSELING program(s)? Details

» Yes

| American Indian or Alaska Native | |
|---|--|
| 0 | |
| Asian | |
| 2 | |
| Black or African American | |
| 1 | |
| Hispanic or Latino | |
| 1 | |
| Native Hawaiian or Other Pacific Islander | |
| 0 | |
| White | |
| 6 | |
| Multiracial | |
| 0 | |
| Other/Undisclosed | |
| 1 | |
| Nonresident Alien | |
| 0 | |
| Active Military or Veteran | |
| 0 | |
| | |
| American Indian or Alaska Native | |
| 1 | |
| Asian | |
| 4 | |
| Black or African American | |
| 10 | |
| Hispanic or Latino | |
| 3 | |
| Native Hawaiian or Other Pacific Islander | |
| 0 | |
| White | |
| 46 | |

| Multiracial | |
|---|---|
| 0 | |
| Other/Undisclosed | |
| 0 | 1 |
| Nonresident Alien | |
| 0 | 1 |
| Active Military or Veteran | |
| 0 | 1 |
| | |
| American Indian or Alaska Native | |
| 0 | 1 |
| Asian | 1 |
| 0 | |
| Black or African American | 1 |
| 0 | |
| Hispanic or Latino | |
| 0 |] |
| Native Hawaiian or Other Pacific Islander | 1 |
| 0 | |
| White | |
| 0 | 1 |
| Mulitracial | |
| 0 | 1 |
| Other/Undisclosed | |
| 0 | |
| Nonresident Alien | - |
| 0 | |
| Active Military or Veteran | |
| 0 | 1 |
| | 1 |

* Are you able to provide information about the number of students with disabilities enrolled in your CACREP-accredited MASTER'S level COUNSELING program(s)? **Details**

» Yes

| Male | |
|-----------------------------------|--|
| 0 | |
| Female | |
| 0 | |
| Transgender/Gender Non-Conforming | |
| 0 | |

* Are you able to provide racial/ethnic background information about students enrolled in your CACREP-accredited COUNSELOR EDUCATION AND SUPERVISION doctoral program? Details

>> Not Applicable (i.e., "I do not have an accredited CES doctoral program.")

| Low mony | | fooulty | manahara | daway | hours in | | aaadamia | agungaling | |
|----------|-------------|---------|----------|--------|----------|------|----------|------------|-------|
| now many | FULL-IIIVIE | Tacuity | members | ao you | nave in | your | academic | counseling | unit? |

* Are you able to provide racial/ethnic background information about FULL-TIME faculty members in your academic counseling unit? Details

>> Yes

7

| American Indian or Alaska Native | |
|---|--|
| 0 | |
| Asian | |
| 0 | |
| Black or African American | |
| 0 | |
| Hispanic or Latino | |
| 0 | |
| Native Hawaiian or Other Pacific Islander | |
| 0 | |
| White | |
| 1 | |
| Multiracial | |
| 0 | |
| Other/Undisclosed | |
| 0 | |
| Nonresident Alien | |
| 0 | |
| | |
| American Indian or Alaska Native | |
| 0 | |
| Asian | |
| 0 | |
| Black or African American | |
| 1 | |
| Hispanic or Latino | |
| 0 | |
| Native Hawaiian or Other Pacific Islander | |
| 0 | |
| White | |
| 5 | |

Multiracial

| 0 | |
|---|--|
| Other/Undisclosed | |
| 0 | |
| Nonresident Alien | |
| 0 | |
| | |
| American Indian or Alaska Native | |
| 0 | |
| Asian | |
| 0 | |
| Black or African American | |
| 0 | |
| Hispanic or Latino | |
| 0 | |
| Native Hawaiian or Other Pacific Islander | |
| 0 | |
| White | |
| 0 | |
| Multiracial | |
| 0 | |
| Other/Undisclosed | |
| 0 | |
| Nonresident Alien | |
| 0 | |

Would you be willing to pay a 3% convience fee on credit credit card payments for accreditation fees?

» No

Please provide a contact email address. This address will be used if the CACREP office has any questions about the information provided in this survey.

halarson@eiu.edu