

**STUDENT EVALUATION FORM - COUNSELOR**

COUNSELOR'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

In our continuing interest to serve our students, we request that you complete this short survey regarding your appointment with your counselor by marking the appropriate letter on the scantron form for each item, as indicated below. You may also make written comments on this form. This evaluation will be anonymous and will not be seen by the instructor until the end of the semester. Please be thoughtful and candid in your responses.

1. My reasons for coming to this counselor today were (mark all that apply):
- A. Planning my classes for registration
  - B. Long-range educational counseling
  - C. Career counseling
  - D. Personal Counseling
  - E. Other (need not explain)

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**A = Strongly Agree**  
**B = Agree**  
**C = Disagree**  
**D = Strongly Disagree**  
**E = No Opinion / Not Applicable**

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**About the Counselor:**

- 2. The counselor was on time. A B C D E
- 3. The counselor was a good listener. A B C D E
- 4. The counselor explained my educational options clearly. A B C D E
- 5. The counselor was courteous and respectful. A B C D E
- 6. The counselor was helpful and knowledgeable. A B C D E
- 7. The counselor referred me to appropriate resource services. A B C D E
- 8. The counselor assisted me in meeting my educational goals. A B C D E
- 9. For the purposes I indicated above, this counseling appointment was valuable. A B C D E
- 10. Overall, this counselor met my expectations. A B C D E
- 11. I would recommend this counselor to others. A B C D E

Comments \_\_\_\_\_  
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