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   D. Personal Counseling
   B. Long-range educational counseling   E. Other (need not explain)
   C. Career counseling

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

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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United Faculty Contract 2008-2011 Appendix G.3