



# APPENDIX E-8.B

## Student Evaluation of Counselor

COUNSELOR \_\_\_\_\_ DATE: \_\_\_\_\_

Please respond honestly to the statements listed below. DO NOT SIGN YOUR NAME.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
1. The counselor was on time for my scheduled appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Taking into consideration the time restraints of the appointment, the counselor used the allotted time efficiently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The counselor listened to my questions and was helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If applicable,* the counselor provided me with clear and concise information regarding transfer requirements to colleges and universities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If applicable,* the counselor provided me with clear and concise information regarding LBCC Certificate/AA/AS graduation requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If applicable,* the counselor provided me with clear and concise information regarding my educational/career goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If applicable,* the counselor referred me to other services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If applicable,* the counselor provided me with clear and concise information regarding my student educational plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I felt comfortable asking questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt the information provided was applicable to my appointment goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Very Poor</u>
11. How would you rate the overall services you received from this counselor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* "If applicable" means that this is the reason that you made the appointment.

(OVER)

Please provide specific comments on the strengths demonstrated during this counseling session:

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Please provide specific suggestions on how this counseling session might be improved:

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**Thank you for your response!**