

SOLANO COMMUNITY COLLEGE
STUDENT EVALUATION OF COUNSELOR

CRN# _____

This survey lets you express how you feel about your instructor and this course. Only aggregate responses will be given to the instructor and his/her supervisor. To ensure confidentiality, please do NOT write either your name or the counselor's name on this form. Do NOT mark responses to items that do not apply to this course.

INFORMATION ABOUT THE COUNSELOR AND SESSION

	YES	NO
1. The counselor was sensitive to my feelings and needs.	<input type="checkbox"/>	<input type="checkbox"/>
2. The counselor was well prepared for the counseling appointment.	<input type="checkbox"/>	<input type="checkbox"/>
3. The counselor was on time for the counseling appointment.	<input type="checkbox"/>	<input type="checkbox"/>
4. The counselor encouraged me to ask questions, and to express myself.	<input type="checkbox"/>	<input type="checkbox"/>
5. The counselor showed genuine interest in me.	<input type="checkbox"/>	<input type="checkbox"/>
6. The counselor provided clear information regarding requirements for major programs and general education.	<input type="checkbox"/>	<input type="checkbox"/>
7. The counselor assisted me in obtaining career information, as applicable.	<input type="checkbox"/>	<input type="checkbox"/>
8. The counselor provided a written record of my program planning session, as applicable.	<input type="checkbox"/>	<input type="checkbox"/>
9. The counselor was a good listener and understanding of my background.	<input type="checkbox"/>	<input type="checkbox"/>
10. The counselor was considerate and focused on my concerns.	<input type="checkbox"/>	<input type="checkbox"/>
11. The counselor helped me in my career academic decision making/goals, as applicable.	<input type="checkbox"/>	<input type="checkbox"/>
12. The counselor was supportive and encouraging.	<input type="checkbox"/>	<input type="checkbox"/>
13. The counselor demonstrated knowledge in helping me with academic concerns.	<input type="checkbox"/>	<input type="checkbox"/>
14. The counselor answered the questions I had.	<input type="checkbox"/>	<input type="checkbox"/>
15. The counselor made appropriate referral(s) to additional services/resources, as applicable.	<input type="checkbox"/>	<input type="checkbox"/>
16. I would meet with the counselor again.	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE NOTE THESE SPECIAL INSTRUCTIONS FOR COMMENTS SECTION OF ANSWER SHEET

Many counselors have indicated that written comments help them understand better the responses to the multiple-choice items, and that the written comments frequently contain helpful and constructive recommendations.

Please take the time and effort to:

- a) Explain or elaborate on your responses.*
- b) Suggest ways in which the counselor can improve his/her/their counseling.*
- c) Suggest ways in which the counseling sessions can be improved.*
- d) Please don't write your name or the counselor's name on this sheet.*

Enter written comments here: