

San Jose·Evergreen Community College District
Student Evaluation Form For Counselors
(Includes All Special Program Counselors)

About the Counselor:

1. Answered my questions.
2. Made efforts to help me.
3. Showed respect for my point of view.
4. Displayed sensitivity to my concerns.
5. Communicated effectively
6. Assisted me in considering career and academic options and examining alternatives.
7. Clarified my career and educational plans.
8. Understood requirements for graduation, transfer, and/or certificate programs.
9. Referred me to other resources and services on campus.
10. Referred me to other resources and services off-campus.
11. Treated me fairly with respect to age, gender, disability, nationality, race, religion and sexual orientation.
12. I would recommend this counselor to other students.

For students who are participating in the Disabled Student Program and Services:

13. Understood the range and degree of my disabilities.
14. Assisted me with the accommodation I needed.

Name of Counselor: _____

Date/Time of Appointment: _____

Comments:

15. What did this counselor do particularly well?
16. What specific improvements could this counselor make?
17. Please make any additional comments or suggestions about this counseling session.