

**APPENDIX C-5i: STUDENT EVALUATION FORM FOR COUNSELING FACULTY**



Modesto Junior College

Columbia College

**YCCD Faculty Evaluation  
Student Evaluation for Counseling Faculty**

Counselor's name	Semester of evaluation
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*Please return this survey in the by \_\_\_\_\_.*

**This information is confidential and your responses will be anonymous. Please reflect on your counseling session(s) with the counselor named above then complete the form below.**

***CHECK THE BOX FOR THE PHRASE THAT MOST APPROPRIATELY COMPLETES THE SENTENCE or select "Does Not Apply" if you have no information on this item.***

	Drop-in session	Scheduled Appointment	Both
<b>1. What type of counseling visit(s) did you have with this counselor?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
<b>2. The counselor showed genuine interest and concern.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. The counselor listened carefully to what I had to say.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. The counselor respected me, my opinion, and my circumstances.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. The counselor was enthusiastic about assisting me.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. The counselor remained focused on me and my concerns, circumstances, and issues throughout the counseling session.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. The counselor was enthusiastic about programs and services at the college.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. The counselor communicated effectively with me.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. The counselor was knowledgeable about specific services, programs, or procedures that I asked about.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. The counselor was knowledgeable about courses and programs at four-year colleges and universities.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
11. The counselor was knowledgeable about educational and career opportunities and how to plan for them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The counselor was knowledgeable about resources and services available in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The counselor helped me achieve a realistic understanding of the options available to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The counselor provided me with written and/or online resources to help me research my options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. As a result of my meeting with the counselor, I am more confident in my decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I am satisfied with the Educational Plan document that was developed with my counselor during my session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I felt comfortable sharing my concerns with this counselor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. If needed, I would welcome another session with this counselor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMMENTS SECTION –**

**1. What do you believe your counselor did especially well in working with you?**

**2. What might the counselor have done to enhance your counseling session?**

**3. Is there anything else you would like to add?**