Counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Evaluation – Counselor**

Please answer the following questions regarding this counselor. Your responses are important to the college and the counselor. Your handwritten comments will be given to the counselor in typed form without reference to you. Do not include your name; your confidentiality is important to the process.

1. What was the purpose of your appointment?
2. Was this counselor on time in his or her meeting with you? [ ]  Yes [ ]  No

Explain

1. Was this counselor prepared and organized in his or her interaction with you? [ ]  Yes [ ]  No

Explain

1. Did this counselor provide adequate opportunity for discussion and understanding? [ ]  Yes [ ]  No

Explain

1. Did this counselor support your learning and development? [ ]  Yes [ ]  No

Explain

1. What was most helpful to you about this counseling visit?

 Explain

1. What was least helpful to you about this counseling visit?

 Explain

1. Would you recommend this counselor to another student? [ ]  Yes [ ]  No

Explain

1. If you could give the counselor only one recommendation, what would that be?