APPENDIX J3.1
TABULATION OF STUDENT EVALUATIONS
STUDENT EVALUATION FORM FOR COUNSELING SESSIONS – PART A
(Articles 6 and 6A – Evaluation)
Foothill-De Anza Community College District

Instructor: __________________________ Course: __________________________
Prepared by: ________________________ Date of Evaluation: ________________
Signature: __________________________

a=Strongly Agree  
b=Agree  
c=Disagree  
d=Strongly Disagree  
e=No Opinion/Not Applicable

About the Counseling Session:
1. The session was helpful in accomplishing my immediate objective(s).  a ____ b ____ c ____ d ____ e ____
2. I received the information I needed. a ____ b ____ c ____ d ____ e ____
3. Printed materials and handouts were appropriate and useful. a ____ b ____ c ____ d ____ e ____
4. Information was thoroughly and clearly explained. a ____ b ____ c ____ d ____ e ____
5. I was referred to other resources and services on or off-campus (if needed). a ____ b ____ c ____ d ____ e ____
6. My questions were answered. a ____ b ____ c ____ d ____ e ____
7. There was sufficient time to deal with my concerns. a ____ b ____ c ____ d ____ e ____
8. The session will be valuable to me in completing my academic, career, and/or personal goals. a ____ b ____ c ____ d ____ e ____

About the Counselor:
9. Demonstrated a genuine desire to help me. a ____ b ____ c ____ d ____ e ____
10. Was knowledgeable and prepared for the session. a ____ b ____ c ____ d ____ e ____
11. Made me feel comfortable and welcome. a ____ b ____ c ____ d ____ e ____
12. Helped me to consider options and examine my alternatives. a ____ b ____ c ____ d ____ e ____
13. Encouraged me to ask questions and participate in the discussion. a ____ b ____ c ____ d ____ e ____
14. Listened carefully to me. a____ b____ c____ d____ e____

15. Used the counseling time effectively. a____ b____ c____ d____ e____

16. Allowed adequate time to review printed materials. a____ b____ c____ d____ e____

17. Convened the session on time. a____ b____ c____ d____ e____

18. Demonstrated respect for individuality and sensitivity to diversity (including racial and ethnic backgrounds, sexual orientations, and physical and mental disabilities). a____ b____ c____ d____ e____

19. I feel assured that my discussions will be kept confidential. a____ b____ c____ d____ e____

20. I would recommend this counselor. a____ b____ c____ d____ e____