

APPENDIX J2.1
STUDENT EVALUATION FORM: COUNSELING SESSIONS – PART A
(Articles 6 and 6A – Evaluation)
Foothill-De Anza Community College District

Counselor:

Purpose of the Counseling Session:

(For example: academic or career planning, transfer information, academic petition or problem, personal issues)

Type of Counseling Session: Drop-in Scheduled Appointment
How many times have you seen this counselor? One Two Three or More

One of the major responsibilities of the District is to promote high professional standards among its faculty. Please take the time to evaluate this counseling session for your counselor.

PART A

Evaluate both the session and the counselor by marking the appropriate letter on the scantron form. Please be thoughtful and candid in your responses. Please mark the answer sheet for each of the following statements:

- 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).
2. I received the information I needed.
3. Printed materials and handouts were appropriate and useful.
4. Information was thoroughly and clearly explained.
5. I was referred to other resources and services on or off-campus (if needed).
6. My questions were answered.
7. There was sufficient time to deal with my concerns.
8. The session will be valuable to me in completing my academic, career and/or personal goals.

About the Counselor:

9. Demonstrated a genuine desire to help me.
10. Was knowledgeable and prepared for the session.
11. Made me feel comfortable and welcome.
12. Helped me to consider options and examine my alternatives.
13. Encouraged me to ask questions and participate in the discussion.
14. Listened carefully to me.
15. Used the counseling time effectively.
16. Allowed adequate time to review printed materials.
17. Convened the session on time.
18. Demonstrated respect for individuality and sensitivity to diversity (including racial and ethnic backgrounds, sexual orientations, and physical and mental disabilities).
19. I feel assured that my discussions will be kept confidential.
20. I would recommend this counselor.

