

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

FACULTY NAME: _____ QUARTER: _____

DEPARTMENT/PROG: _____ ACADEMIC YR: _____

CAMPUS LOCATION: Foothill De Anza Center (specify) _____

FACULTY STATUS: (check one) Full-time Part-time

If full-time, (check one) Tenured Contract (grant-funded/temporary replacement)
 Probationary Phase I Probationary Phase II Probationary Phase III

If part-time, number of service credits in Division (per Article 7.9) _____

DUTIES: Instructor Counselor Librarian Other (specify) _____

COURSE/ACTIVITY: _____ DATE OF EVALUATION: _____

PREPARED BY: _____ CWID _____
 (please print)

SIGNATURE: _____ DATE _____

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

About the Course:

(enter number of responses, not

percent)

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 Instructor:

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_____

Division Office Use Only

Evaluated Faculty Member CWID: _____ Processed By: _____
