

**Glendale Community College
Student Evaluation of Counselor**

Name of Counselor _____

Date _____

Please rate the performance of the counselor you have just seen by filling in the appropriate circle. Then, please place the completed form in the box located in the reception area.

Part I

Evaluate the counselor seen today in the following areas.

Personal Qualities:

- | | Strongly Agree | Agree | Neutral/Does Not Appr | Disagree | Strongly Disagree |
|---|----------------|-------|-----------------------|----------|-------------------|
| 1. This counselor listened to me attentively and showed interest. | (A) | (B) | (C) | (D) | (E) |
| 2. This counselor treated me with respect. | (A) | (B) | (C) | (D) | (E) |
| 3. This counselor made effective use of time during the appointment. | (A) | (B) | (C) | (D) | (E) |
| 4. This counselor understood my needs. | (A) | (B) | (C) | (D) | (E) |
| 5. This counselor assisted me in the decision making process. | (A) | (B) | (C) | (D) | (E) |
| 6. This counselor helped me understand what I need to achieve my goals. | (A) | (B) | (C) | (D) | (E) |

Professional Services:

- | | | | | | |
|---|-----|-----|-----|-----|-----|
| 7. This counselor clearly explained and assisted me in completing a Student Educational Plan (SEP) leading to my goal(s). | (A) | (B) | (C) | (D) | (E) |
| 8. This counselor clearly explained my assessment (test) results and course placement. | (A) | (B) | (C) | (D) | (E) |
| 9. This counselor clearly assisted me in completing applications. (For example: financial aid documents, scholarship, university, etc.) | (A) | (B) | (C) | (D) | (E) |
| 10. This counselor clearly explained the requirements for my certificate, degree, or transfer goal. | (A) | (B) | (C) | (D) | (E) |
| 11. This counselor clearly explained major and career alternatives. | (A) | (B) | (C) | (D) | (E) |
| 12. This counselor suggested ways to gain additional information and assistance. | (A) | (B) | (C) | (D) | (E) |

PART II

- | | | | | | |
|--|-----|-----|-----|-----|-----|
| 13. Overall rating of this counselor.
A) Excellent, B) Good, C) Average, D) Below Average, E) Poor | (A) | (B) | (C) | (D) | (E) |
| 14. How many times have you seen a counselor since starting at GCC?
A) first time, B) 2 times, C) 3 times, D) 4 or more times | (A) | (B) | (C) | (D) | |
| 15. How many times have you seen this counselor before?
A) first time, B) 2 times, C) 3 times, D) 4 or more times | (A) | (B) | (C) | (D) | |

16. Check the reason(s) for your visit today.

- | | | |
|---|---|--|
| <input type="radio"/> Admissions | <input type="radio"/> Registration | <input type="radio"/> Personal Counseling |
| <input type="radio"/> Financial Aid | <input type="radio"/> Study List | <input type="radio"/> Study Skills Advisement |
| <input type="radio"/> Graduation Petition | <input type="radio"/> Degree Requirements | <input type="radio"/> Student Educational Plan |
| <input type="radio"/> Other Petitions | <input type="radio"/> Career Planning | |

Please continue answering the evaluation questions on the reverse side of this form.

PART III

Write your comments in this area:

What did you find helpful about this counseling service?

DO NOT DUPLICATE

What else do you think we should do to serve you better?

DO NOT DUPLICATE