



STUDENT EVALUATION FORM FOR COUNSELING SESSIONS

Name of the Counsellor: - _____

Counseling Session: Drop-in Scheduled Appointment

How many times have you seen this counselor? One Two Three or More

Evaluate A:

Please mark the answer sheet for each of the following statements:

1 = Strongly Agree 2 = Agree 3 = Disagree 4 = Strongly Disagree 5 = No Opinion/Not Applicable

About the Counseling Session:

About the Counselor

The session was helpful in accomplishing my immediate objective(s).		Demonstrated a genuine desire to help me.	
I received the information I needed.		Was knowledgeable and prepared for the session.	
Information was thoroughly and clearly explained.		Made me feel comfortable and welcome.	
I was referred to other resources and services on or off-campus (if needed).		Helped me to consider options and examine my alternatives.	
My questions were answered.		Encouraged me to ask questions and participate in the discussion.	



There was sufficient time to deal with my concerns.		Listened carefully to me.	
The session will be valuable to me in completing my academic, career and/or personal goals.		Used the counseling time effectively.	

About the Career Fair , Sessions and Assemblies :

Was knowledgeable and prepared for the session.	
Helped me to consider options and examine my Options	
Representatives encouraged me to ask questions and explain	
Listened carefully to me.	
I would recommend more of these for my benefit	

Student Signature :



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Evaluate B:

Written Evaluation:

What did you like about this counseling session?

What did you dislike about this counseling session?

What specific changes could improve the counseling session?