

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_____