

**SAN BERNARDINO COMMUNITY
COLLEGE DISTRICT**
Student Evaluation of Counselors

COURSE ID

FACULTY ID

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INSTRUCTOR NAME

CRS NAME

TERM

LOCATION

DIVISION

DEPT

In order to improve our methods of counseling and better serve your needs, we want your feedback about the effectiveness of your counselor. Please take a moment and answer the questions below. Your comments will be kept absolutely confidential. Thank you for your cooperation.

Use a #2 pencil to fill in 1 OR 2 OR 3 on the Scantron Sheet.

Note: Please **DO NOT FOLD** or **STAPLE** the Scantron Sheet.

LEGEND: A-EXCELLENT B-GOOD C-SATISFACTORY D-BELOW AVERAGE F-POOR NA-NOT APPLICABLE

1. The counselor gives constructive feedback.

(A) (B) (C) (D) (F) (NA)

2. The counselor is punctual.

(A) (B) (C) (D) (F) (NA)

3. The counselor is organized.

(A) (B) (C) (D) (F) (NA)

4. The counselor is approachable.

(A) (B) (C) (D) (F) (NA)

5. The counselor is professional.

(A) (B) (C) (D) (F) (NA)

6. The counselor demonstrated concern for me.

(A) (B) (C) (D) (F) (NA)

7. The counselor is knowledgeable about programs, services, and/or transfer requirements.

(A) (B) (C) (D) (F) (NA)

8. The counselor treated me with courtesy and respect.

(A) (B) (C) (D) (F) (NA)

9. The counselor exhibited good communication skills

(A) (B) (C) (D) (F) (NA)

10. The counselor left me with a clear understanding of my plan

(A) (B) (C) (D) (F) (NA)

11. The counselor explained how to reach my educational goals

(A) (B) (C) (D) (F) (NA)

12. Would you recommend this counselor to other students?

(Y) (N)

13. What was most effective about this counseling session? _____

14. What could have made this counseling session more beneficial to you? _____