|  |
| --- |
| 273B2 0 1 9 - 2 0 2 2 F A C U L T Y C O N T R A C T |
| 274BH.2.d: STUDENT - COUN |  |
| 275BAdjunct | 276BProb. | 277BRegular | 278BDept. Chair | 279B◼ Student Evaluation – Counseling Session ◼ |
| 280Bx | 281Bx | 282Bx |  | 283B◼ Mt. San Antonio College ◼ |

Professor:       Date:

Please evaluate the Counselor in each of the following areas by checking the appropriate rating:

 Rating: **A** Strongly Agree

 **B**  Agree

 **C** Disagree

 **D** Strongly Disagree

 **E**  Not applicable/Insufficient data

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Rating: | **A** | **B** | **C** | **D** | **E** |
|  |  |  |  |  |  |
| **1.** | This counselor was on time for my appointment. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  |  |  |  |  |
| **2.** | This counselor seemed genuinely interested in my situation/concerns.  | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  |
| **3.** | This counselor presented options to assist me with my concerns.  | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  |  |  |  |  |
| **4.** | This counselor informed me about other campus services.  | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  |  |  |  |  |
| **5.** | This counselor’s explanation of assessment results was clear. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  |  |  |  |  |
| **6.** | This counselor answered my questions.  | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  |  |  |  |  |
| **7.** | This counselor was professional (approachable, courteous, ethical & knowledgeable.) | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  |  |  |  |  |
| **8.** | This counselor communicated clearly and effectively.  | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  |  |  |  |  |
| **9.** | This counselor demonstrated sensitivity to my gender, disability, and multi-cultural concerns. (when applicable) | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  |  |  |  |  |
|  |  |  |  |  |  |  |
| **10.** | This counselor recommended and helped coordinate appropriate accommodationsfor me. (when applicable) | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  |  |  |  |  |
| **11.** | This counselor explained my disability and how my limitations impact me in school.(when applicable) | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  |  |  |  |  |
|  |  |  |  |  |  |  |
| **12.**  | I would return to this counselor for assistance. | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  |  |  |  |  |  |  |
| **13.** | This counselor provided me with helpful information to make educational and career plans.  | [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |
|  |  |  |  |  |
| **Please continue on the back side of this form for additional questions 🡪**  |

|  |
| --- |
| **In this part, please include specific examples and suggestions:** |
| **A.** | What did this counselor do especially well in this counseling session?       |
| **B.** | How might this counselor improve future counseling sessions?       |
| **C.** | Additional Comments.       |

**Distribution:**

Faculty Member - Summary

Division Office

Human Resources- Summary

8/06; 7/08, 7/16