SCHEDULE F-3C - STUDENT EVALUATION FORM FOR COUNSELORS

Counselor's Name:	Date:											
Please do this evaluation anonymously. Your thoughtful responses to the items below will help the counselor improve. The results will be printed up and given to the librarian.												
PLANNING AND COMMUNICATION	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable						
My counselor shows evidence of planning for my appointment												
(applicable only if you had a scheduled appointment). My counselor demonstrates effective written and oral communication skills.												
My counselor seems to understand and be interested in my questions and concerns.												
COUNSELING AND ADVISING												
My counselor provides me with a better understanding of my educational goals and how to obtain them.												
My counselor presents information in an organized manner.												
My counselor is knowledgeable of the course, degree, certificate, or transfer program requirements relevant to my educational goals.												
My counselor demonstrates enthusiasm for and interest in my success as a student.												
My counselor uses time effectively.												
The materials and resources (e.g. handouts, webpages, etc.) my counselor provides are clear and helpful.												
My counselor makes reasonable provisions for differences in ability, experience, physical disability, and cultural values.												
My counselor is informative and able to answer my questions.												
My counselor provides me with information about other available student support services, as needed.												

	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
INTERACTIVE TECHNIQUES My counselor encourages questions.						
My counselor listens attentively.						
My counselor responds effectively to questions and comments.						
My counselor encourages me to think carefully about my educational goals and my plans for achieving those goals.						
My counselor displays respect for my ideas.						
STUDENT RELATIONS						
My counselor demonstrates respect for me.						
My counselor makes sure that I understand difficult ideas before moving on.						
My counselor is helpful when I have difficulty.						
My counselor is patient when I have difficulty.						
My counselor demonstrates sensitivity to my needs.						
My counselor is friendly, warm, and positive. Or My counselor creates a welcoming environment.						
My counselor generally responds to inquiries I send via email or Canvas in a timely manner.						
PROFESSIONALISM AND PROFESSIONAL RESPONSIBIL	LITIES	S				
My counselor demonstrates professionalism.						
Please comment on the strengths and weaknesses of your counselor	r.					