

COUNSELOR EVALUATION

Counselor Name _____ Date _____

Circle or Underline Your Response

1. The counselor helped me feel at ease from the beginning of the session. YES NO
2. The counselor seemed genuinely interested in what I had to say. YES NO
3. The counselor seemed to understand what I said. YES NO
4. The counselor's statements/questions were easy to understand. YES NO
5. The counselor showed respect for me and for what I was saying. YES NO
6. The counselor appeared to accept me as a person, without being judgmental. YES NO
7. This session was useful to me. YES NO
8. The counselor provided additional referral information and resources to help with my goals and priorities. YES NO
9. If I knew of another student with an issue similar to that which I am experiencing, I would recommend the College's Student Development Center as a potential resource. YES NO
10. Additional comments: