

Taft College Student Evaluation of Counselor

You recently met with the counselor listed below. The following statements reflect some of the ways that counselors can be described. Please use the following scale to indicate the degree to which you think the statement is descriptive of the counselor under your consideration:
 A = Excellent, B = Good, C = Average, D = Unsatisfactory, F = Fail, N/A = Not Applicable

Counselor's Name:	Date:
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Please indicate under which circumstances you saw this counselor:

Scheduled appointment Drop-in

What was the primary purpose of this meeting with the counselor? (Check all that apply)

Establishing educational goals or academic counseling
 Determining course options or pre-registration counseling
 Career counseling
 Personal counseling
 Other (briefly describe) _____

The Advisor/Counselor:	A	B	C	D	F	N/A
1. Is available when I need assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is approachable and easy to talk with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is interested and enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gives clear explanations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Encourages me to play an active role in achieving my education goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Helps me to identify obstacles that I need to overcome to achieve my educational goals (childcare, transportation, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Allows me sufficient time to discuss issues and concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the following questions if they apply to your counseling session:						
9. Made appropriate referrals to other college resources (tutoring, financial aid, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Provided useful and relevant career counseling information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Provided help with personal concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Made appropriate on campus or off campus referrals to help me solve my personal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:
