Counselor Student Evaluation

Semester: _____ **Counselor:** _____

I received help in (may check more than one):

- ☐ Academic Advisement/Educational Plan
- ☐ Career Planning
- ☐ Personal Concerns
- ☐ Other: _____

I saw the counselor:

- ☐ By appointment
- ☐ On a walk-in basis

Please rate your counseling session on the following items by checking the appropriate column:

	AGREE	DISAGREE	N/A
I felt at ease with the counselor.	☐	☐	☐
The counselor seemed interested in my concerns.	☐	☐	☐
The counselor helped me see my situation more clearly.	☐	☐	☐
The counselor helped me clarify my goals.	☐	☐	☐
The counselor helped me obtain the information I needed.	☐	☐	☐

Would you see this counselor again? ☐ Yes ☐ No

Please comment as to why or why not.