



APPENDIX E-8.B

Student Evaluation of Counselor

COUNSELOR _____ DATE: _____

Please respond honestly to the statements listed below. DO NOT SIGN YOUR NAME.

Strongl
Agree Agree Disagree Strongl Not
Disagree Applicable

- 1. The counselor was on time for my scheduled appointment.
- 2. Taking into consideration the time restraints of the appointment, the counselor used the allotted time efficiently.
- 3. The counselor listened to my questions and was helpful.
- 4. If applicable,* the counselor provided me with clear and concise information regarding transfer requirements to colleges and universities.
- 5. If applicable,* the counselor provided me with clear and concise information regarding LBCC Certificate/AA/AS graduation requirements.
- 6. If applicable,* the counselor provided me with clear and concise information regarding my educational/career goals.
- 7. If applicable,* the counselor referred me to other services.
- 8. If applicable,* the counselor provided me with clear and concise information regarding my student educational plan.
- 9. I felt comfortable asking questions.
- 10. I felt the information provided was applicable to my appointment goals.

Excellent Good Fair Poor

Please provide specific comments on the strengths demonstrated during this counseling session:
