

# STUDENT EVALUATION OF COUNSELING SERVICES

DATE: \_\_\_\_\_ COUNSELOR: \_\_\_\_\_

## We need your help in evaluating our counseling services.

After your session, please answer the questions on this sheet and return it to the information desk in the Counseling Office.

1. I have been at MSJC
- a. \_\_\_ one semester
  - b. \_\_\_ two semesters
  - c. \_\_\_ three or more semesters
  - d. \_\_\_ have not attended MSJC

2. This appointment is my:
- a. \_\_\_ 1<sup>st</sup>
  - b. \_\_\_ 2<sup>nd</sup>
  - c. \_\_\_ 3<sup>rd</sup> or more with this Counselor, this semester

3. I came in primarily for:
- a. \_\_\_ Educational counseling
  - b. \_\_\_ Personal counseling
  - c. \_\_\_ Career Counseling
  - d. \_\_\_ Other \_\_\_\_\_

- | 4. This counselor was: | Yes | No  |
|------------------------|-----|-----|
| a. Considerate         | ___ | ___ |
| b. Good Listener       | ___ | ___ |
| c. Helpful             | ___ | ___ |
| d. Interested in me    | ___ | ___ |
| e. Knowledgeable       | ___ | ___ |

5. Overall, I feel this counselor is:
- a. \_\_\_ Excellent
  - b. \_\_\_ Above average
  - c. \_\_\_ Average
  - d. \_\_\_ Below average
  - e. \_\_\_ Inadequate
  - f. \_\_\_ Do not care to respond

6. I would recommend this counselor to others:
- a. \_\_\_ Yes
  - b. \_\_\_ No

7. Please comment:

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**THANK  
YOU !**