



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Human Resources
Evaluation: Counseling Faculty Evaluation Form – Student Survey



(Please Print)

Counselor's Name: _____ **Date:** ____/____/____

Please rate the services you received during your counseling session and mark the following accordingly*.

1. ACADEMIC COUNSELING:

Assisted in setting educational goals; helped student evaluate interests and abilities, understand requirements for various college programs or majors, and recommended proper courses for his / her goals.

a. Excellent b. Good c. Fair d. Poor e. Not Applicable

2. CAREER COUNSELING:

Assisted with career clarification and provided information to help determine best preparation for reaching these goals.

a. Excellent b. Good c. Fair d. Poor e. Not Applicable

3. GENERAL INFORMATION:

Provided information about college policies, procedures and deadlines; made appropriate referrals to other on-campus or off-campus services.

a. Excellent b. Good c. Fair d. Poor e. Not Applicable

4. PERSONAL COUNSELING:

Assisted with personal or mental health problems that may be affecting academic progress.

a. Excellent b. Good c. Fair d. Poor e. Not Applicable

Overall, I feel the counselor was:

- | | | | |
|---|---------------------------------|--------------------------------|--------------------------------------|
| 5. Interested in me: | <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No | <input type="checkbox"/> c. Somewhat |
| 6. Considerate: | <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No | <input type="checkbox"/> c. Somewhat |
| 7. A good listener: | <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No | <input type="checkbox"/> c. Somewhat |
| 8. Helpful | <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No | <input type="checkbox"/> c. Somewhat |
| 9. Knowledgeable | <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No | <input type="checkbox"/> c. Somewhat |
| 10. Would you recommend this counselor to a friend? | <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No | <input type="checkbox"/> c. Somewhat |

Note to Faculty: Arrangements for forms are to be made through your respective Vice President, Student Services Office.



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Human Resources
Evaluation: Counseling Faculty Evaluation Form – Student Survey



(Please Print)

Counselor's Name: _____ **Date:** ____/____/____

11. Additional comments:

***NOTE TO FACULTY:** Arrangements for forms are to be made through your respective Vice President, Student Services Office.

Submit evaluation to the Peer Review Committee when completed.

Reference: Article 14B.3, 14G.2e, 15B.3, 15E.2b, 15F.2b, 18I.1c, 18I.4 – Faculty Collective Bargaining Agreement