

## Student Appraisal Form

### Counselor Evaluation

**Counselor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Type of counseling:** \_\_\_ In-person \_\_\_ On-line

*For items 1-6, please place a check in the box under the statement that best indicates your level of agreement.*

<b>Counseling Goals and Outcomes</b>	N/A	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree
1. This counselor assisted me in resolving my questions						
2. This counselor helped me to be more effective in my educational planning						
3. Meeting with this counselor is an important step in obtaining information on educational and career goals						
4. I would recommend this counselor without hesitation						
5. If I needed help in the future, I would schedule an appointment with this counselor						
6. Overall, my appointment with this counselor was very helpful in obtaining the information I needed						

**Counseling Services I have received (please check all that apply):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Career Counseling   | <input type="checkbox"/> Transfer Information   | <input type="checkbox"/> Other College transcripts |
| <input type="checkbox"/> Educational Plan    | <input type="checkbox"/> Financial Aid Appeal   | <input type="checkbox"/> Referrals                 |
| <input type="checkbox"/> Personal Counseling | <input type="checkbox"/> Recommendation Letters | <input type="checkbox"/> Other _____               |

**Additional comments:**