

Marin Community College District

STUDENT EVALUATION OF INDIVIDUAL COUNSELING SESSION

Counselor's Name _____

Date: _____ Hour: _____

The following information is requested of you by your counselor for his/her use in maintaining the quality of counseling.

1. My Counseling Session concerned (circle all relevant topics):

- a. Scheduling of classes
- b. College of Marin Graduation requirements
- c. Degree or certificate requirements
- d. State College or University transfer requirements
- e. Other transfer requirements
- f. Personal problems
- g. Vocational decisions (e.g., test interpretation)
- h. Information on other College services/resources
- i. New student information
- j. Other (explain: _____)

(1) Strongly Agree, (2) Agree, (3) Disagree, (4) Strongly Disagree, (NA) Not Applicable

- 2. The Counselor provided course requirements and prerequisites related to my interests/abilities/goals.
- 3. The Counselor helped me develop my educational goals and provided me with alternatives.
- 4. The Counselor did not make decisions for me but instead placed the responsibility of decision making on me by introducing options for my consideration.
- 5. The Counselor focused on my potentials, not limitations.
- 6. The Counselor helped me understand unclear information and/or told me how to find further resources.
- 7. The Counselor assisted me in defining my needs.
- 8. The information and/or counseling I received was helpful and effective.
- 9. In what ways could the Counselor have been more helpful or effective?
