

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

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

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