

STUDENT QUESTIONNAIRE ACADEMIC COUNSELOR

Thank you for your participation in this short survey. All of the district's academic counselors are evaluated on a periodic basis, and yours is being evaluated today. We would appreciate your feedback on the counseling you received. Please respond honestly to the statements below and do NOT sign your name so that your comments remain anonymous.

Date: _____

Counselor's name: _____

1. The counselor began scheduled counseling appointment in a timely manner.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

2. The counselor listened to and understood my questions and concerns with genuine interest and empathy.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

3. The counselor was helpful and assisted me with answering my questions and identifying solutions to my concerns.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

4. The counselor was well organized and used the time to address my main concerns.
(Example: Reviewed previous coursework, assessment information, etc.)

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

5. The counselor reviewed my previous course work and/or placement test information prior to advising me on course selection.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

6. The counselor treated me fairly without regard to national origin, religion, age, gender, gender identity, gender expression, race or ethnicity, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, or pregnancy or because they are perceived to have one or more of the foregoing characteristics, or based on association with a person or group with one or more of these actual or perceived characteristics.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

7. The counselor was knowledgeable about course offerings, course descriptions, sequences, and prerequisites, if applicable?

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

8. The counselor worked with me to create an academic and/or career program that is consistent with my personal goals

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

9. The counselor helped me understand requirements for graduation, transfer or certificate programs, if applicable, in an organized and accurate manner.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

10. The counselor referred me to campus and community support services for additional information and assistance, when appropriate.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

11. The counselor was supportive and encouraging and showed genuine interest in assisting me. Overall, I felt comfortable with the counselor.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

12. I would see this counselor again and would recommend this counselor to others?

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

IN ADDITION, PLEASE RESPOND TO THE FOLLOWING TWO QUESTIONS

A. In what specific ways was this counselor most helpful to you?

B. What specific things might this counselor do to improve their counseling/advising