

**Essex County College  
Faculty Evaluations Forms  
Appendix D  
Form C  
Student Evaluation of Counselor**

Counselor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Use the following scale to indicate how the statements which follow below describe your counselor. Answer only those applicable.

Excellent	3	Good	2	Poor
4				1

1. The counselor seemed interested in me as a person. \_\_\_\_
2. The counselor was able to communicate well with me. \_\_\_\_
3. The counselor has insight and understanding in many areas. \_\_\_\_
4. The counselor seemed to offer appropriate help \_\_\_\_
5. The counselor has my trust. \_\_\_\_
6. The counselor is sensitive to my needs. \_\_\_\_
7. The counselor is able to provide me with the information I need. \_\_\_\_
8. The counselor would be a good person to recommend to other students. \_\_\_\_

Please add below any comments about the strong points and/or weak points you feel this counselor has:

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_