



Mark as shown:      Please use a ball-point pen or a thin felt tip. This form will be processed automatically.  
 Correction:      Please follow the examples shown to help optimize the reading results.

Counselor's Name \_\_\_\_\_ Quarter: F W SP S Year \_\_\_\_\_

Course Title \_\_\_\_\_ Section \_\_\_\_\_ Date completed \_\_\_\_\_

Instructions to Students: Please evaluate the counselor's performance by placing an X in the box corresponding to your rating of each statement. Make corrections by filling box in completely. Select NA if you do not have sufficient knowledge/information regarding a specific item, or believe that it is not applicable. As you respond to each statement, consider whether the counselor performed at a level you would rate:

1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree NA = Not Applicable

1. Instructional Delivery Skills

SAMPLE

- |                                                                                             |                          |                          |                          |                          |                          |                                |
|---------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| 1.1 The counselor presented materials in an organized and logical manner.                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NA<br><input type="checkbox"/> |
| 1.2 The counselor gave clear explanations and guidance.                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
| 1.3 The counselor seemed interested in the materials presented.                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
| 1.4 The counselor was positive and responsive to student questions and concerns.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
| 1.5 The counselor was willing to help when appropriate.                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
| 1.6 The overall assessment of the presentation or activity by this counselor was effective. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |

SAMPLE

2. Open-ended Questions

2.1 What did you find most helpful about this presentation/group?

2.2 How could this presentation be improved?

# SAMPLE

2.3 Other comments?