

Glendale Community College
Student Evaluation of Mental Health Counselor

Name of Counselor _____

Date _____

Please rate the performance of the mental health counselor you are currently seeing by filling in the appropriate circle. Please use a Number 2 pencil only. If you need to change an answer, please erase completely. Place your completed evaluation in the envelope provided and seal it. Place the envelope, with the evaluation in it, in the box provided.

PART I

1. This counselor was punctual for my appointment time (Yes or No).		Yes <input type="radio"/> Y	No <input type="radio"/> N			
2. This counselor made effective use of time during the appointment.		Strongly Agree <input type="radio"/> A	Agree <input type="radio"/> B	Neutral/Does Not Appt <input type="radio"/> C	Disagree <input type="radio"/> D	Strongly Disagree <input type="radio"/> E
3. This counselor listened to me attentively and showed interest.		<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
4. This counselor treated me with respect.		<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
5. This counselor understood my needs in terms of my life experience.		<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
6. This counselor helped me understand what I need to achieve my goals.		<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
7. This counselor clearly explained the limits of confidentiality.		<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
8. This counselor clearly explained the GCC mental health services available to me.		<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
9. This counselor gave me community resource referrals when needed.		<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
10. My overall rating of this counselor is:		Excellent <input type="radio"/> A	Good <input type="radio"/> B	Average <input type="radio"/> C	Below Average <input type="radio"/> D	Poor <input type="radio"/> E

PART II

11. How many times have you seen a mental health counselor since you started at ACTC/GCC? A) first time, B) 2 times, C) 3 times, D) 4 or more times		<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
12. How many sessions have you had with your current mental health counselor? A) first time, B) 2 times, C) 3 times, D) 4 or more times		<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
13. Which of the following best describes your reason for coming to counseling? A) Mental Health Counseling, B) Community Referrals, C) Both A and B		<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	
14. In which program do you currently take classes? (Choose only one) A) Noncredit program/ACTC, B) Credit program/GCC main campus, C) Both noncredit and credit		<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	

Please continue answering the evaluation questions on the reverse side of this form.

PART III

Write your comments in this area:

What did you find helpful about this counseling service?

DO NOT DUPLICATE

What else do you think we should do to serve you better?

DO NOT DUPLICATE