



**CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT**  
**Office of Human Resources**  
**Evaluation: Mental Health Counseling Faculty Evaluation Form**  
**Student Survey**



(Please Print)

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

Please rate the services you received during your counseling session and mark the following accordingly\*.

**1. INTIAL COUNSELING:**

Assisted in establishing therapeutic Relationship in a safe and supporting environment.

a. Excellent     b. Good     c. Fair     d. Poor     e. Not Applicable

**2. CULTURAL COUNSELING:**

Counselor showed knowledge and Sensitivity to my cultural background And the diversity of my experience.

a. Excellent     b. Good     c. Fair     d. Poor     e. Not Applicable

**3. GENERAL INFORMATION:**

Counselor helped me identify Appropriate referrals and resources to aid my therapeutic process.

a. Excellent     b. Good     c. Fair     d. Poor     e. Not Applicable

**4. PERSONAL COUNSELING:**

Counselor assisted in establishing and reaching therapeutic goals.

a. Excellent     b. Good     c. Fair     d. Poor     e. Not Applicable

**Overall, I feel the counselor was:**

- |   |                                 |                                |                                      |
|---|---------------------------------|--------------------------------|--------------------------------------|
| 5. Interested in me:                                | <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No | <input type="checkbox"/> c. Somewhat |
| 6. Considerate:                                     | <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No | <input type="checkbox"/> c. Somewhat |
| 7. A good listener:                                 | <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No | <input type="checkbox"/> c. Somewhat |
| 8. Helpful  | <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No | <input type="checkbox"/> c. Somewhat |
| 9. Knowledgeable                                    | <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No | <input type="checkbox"/> c. Somewhat |
| 10. Would you recommend this counselor to a friend? | <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No | <input type="checkbox"/> c. Somewhat |

**Note to Faculty: Arrangements for forms are to be made through your respective Vice President, Student Services Office.**



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11. Additional comments:

**\*NOTE TO FACULTY:** Arrangements for forms are to be made through your respective Vice President, Student Services Office.

**Submit evaluation to the Peer Review Committee when completed.**

*Reference:* Article 14B.3, 14G.2e, 15B.3, 15E.2b, 15F.2b, 18I.1c, 18I.4 – Faculty Collective Bargaining Agreement