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| **LOS RIOS COMMUNITY COLLEGE DISTRICT****STUDENT REVIEW OF COUNSELORS** |

Following your session with the counselor please complete this questionnaire and return it to the drop box located in the counseling office marked “Return Counselor Surveys Here”.

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| COUNSELOR’S NAMEDATE |

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| 4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree N/A = Not Applicable |

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| Your review of this counselor should be fair and honest. Limit your assessment to this counselor. The counselor will not be able to see your feedback until the end of the semester. Check only one answer for each review item. You do not need to sign your name. |

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| 1. | I have seen this counselor: |  Once |  2 – 4 times |  More than 4 times |
| 2. | I last saw this counselor: |  In their office |  At the counter  |  At registration |  Other (please describe On the line below): |
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| 3. | I talked to the counselor about the following (mark all that apply):How my test results (assessment) related to choosing classesCollege degrees and programs (2 and 4 year)Transfer requirementsCollege rules and regulations; i.e., academic status, repeat policy, etc.Career informationStudent services on campusOff campus resourcesPersonal counselingEducational PlanOther (please describe): |
| 4 | I felt the counselor listened to me | 4 | 3 | 2 | 1 | N/A |
| 5. | The counselor helped me understand my choices | 4 | 3 | 2 | 1 | N/A |
| 6. | The counselor treated me fairly | 4 | 3 | 2 | 1 | N/A |
| 7. | I felt comfortable discussing academic concerns with this counselor | 4 | 3 | 2 | 1 | N/A |
| 8. | I felt comfortable discussing personal concerns with this counselor | 4 | 3 | 2 | 1 | N/A |
| 9. | I felt free to ask questions, disagree, or express my own ideas | 4 | 3 | 2 | 1 | N/A |
| 10. | After my counseling appointment, I know what I need to do next | 4 | 3 | 2 | 1 | N/A |
| 11. | I would return to see this counselor | 4 | 3 | 2 | 1 | N/A |

Do you have any comments?