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

	Yes	No
1. This counselor was punctual for my appointment time (Yes or No).	Ⓨ	Ⓝ

	Strongly Agree	Agree	Neutral/Does Not App	Disagree	Strongly Disagree
2. This counselor made effective use of time during the appointment.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
3. This counselor listened to me attentively and showed interest.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
4. This counselor treated me with respect.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
5. This counselor understood my needs in terms of my life experience.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
6. This counselor helped me understand what I need to achieve my goals.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
7. This counselor clearly explained the limits of confidentiality.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
8. This counselor clearly explained the GCC mental health services available to me.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ
9. This counselor gave me community resource referrals when needed.	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ

	Excellent	Good	Average	Below Average	Poor
10. My overall rating of this counselor is:	Ⓐ	Ⓑ	Ⓒ	Ⓓ	Ⓔ

DO NOT DUPLICATE

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	Ⓐ	Ⓑ	Ⓒ	Ⓓ
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	Ⓐ	Ⓑ	Ⓒ	Ⓓ
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	Ⓐ	Ⓑ	Ⓒ	
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	Ⓐ	Ⓑ	Ⓒ	

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?

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

DO NOT DUPLICATE