APPENDIX C

Student Appraisal Form

Counselor Evaluation

Counselor: _____ Date: _____

Type of counseling ____In-person____On-line

For items 1-6, please place a check in the box under the statement that best indicates your level of agreement.

Counseling Services I have received (please check all that apply):

☐ Career Counseling	☐ Transfer Information	☐ Other College transcripts
☐ Educational Plan	☐ Financial Aid Appeal	☐ Referrals
☐	☐	☐