Peralta Community College District
Student Evaluation of Health Services Coordinator (HSC) Session

1. ___Individual

   ___Group

2. How many times have you met with the counselor

3. How were you referred?
   ____Counselor ____Instructor ____Staff

   ____ Class presentations ____Flyer ____Friend

   ____Community event

For the following questions, please mark whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

	SA	Agree	Neither	Dis	SD
4. My counselor made me feel comfortable and listened to my concerns.	__	__	__	__	__
5. My counselor focused on my potential while helping me define my needs.	__	__	__	__	__
6. My Counselor made me feel safe and supportive and was respectful and caring.	__	__	__	__	__
7. Did the session help with a problem that could have impacted my ability to succeed in school?	__	__	__	__	__
8. Was the session helpful towards meeting your goals?	__	__	__	__	__
9. My counselor listened to my concerns attentively	__	__	__	__	__
10. I was treated with dignity during my session	__	__	__	__	__
11. My counselor advised me of my legal rights to confidentiality.	__	__	__	__	__
12. My counselor helped me to identify new skills or ways of coping.	__	__	__	__	__
13. Since participating in counseling, my symptoms are improving.	__	__	__	__	__
14. I would recommend this service to others.	__	__	__	__	__

Approved 8/25/2016