

SCHOOL COUNSELING SERVICES PROGRAM EVALUATION FORM

School Name: _____ Onsite Counselor Name: _____
Academic School Year: _____ to _____ Date Form Completed: _____

DO NOT LIST STUDENT NAMES ON THESE FORMS - A FIRST INITIAL CAN BE USED IF ABSOLUTELY NECESSARY.

The 20 questions below are related to the onsite counseling services that were provided during the school year. Please answer these questions to the best of your ability (or choose "unable to answer"). This evaluation is anonymous; it can be returned to the administrator who gave it to you or it can be submitted online. Your feedback will be used to determine if the program was beneficial to the school and to the students; the information also is compiled as one part of program graphs and program summaries to assist the School District with analysis of services. This form is NOT submitted to the school district – it is only used by the program evaluator to assist in the overall summary. If your information is to be included in the annual program evaluation – please return this form by the date due. Thank you for your time!

FORMS ARE DUE BY THE DEADLINE ESTABLISHED AT THE SCHOOL. LATE EVALUATIONS MAY NOT BE INCLUDED IN THE FINAL EVALUATION. SUBMIT EARLY!

1. The counselor was professional, courteous and cooperative with school personnel:

_____ Unable To Answer	_____ Strongly Agree	_____ Agree	_____ Somewhat	_____ Disagree	_____ Strongly Disagree
COMMENT					

2. The counselor was professional, courteous and cooperative with the students:

_____ Unable To Answer	_____ Strongly Agree	_____ Agree	_____ Somewhat	_____ Disagree	_____ Strongly Disagree
COMMENT					

3. The counseling program appeared to run smoothly:

_____ Unable To Answer	_____ Strongly Agree	_____ Agree	_____ Somewhat	_____ Disagree	_____ Strongly Disagree
COMMENT					

4. The youth who were served by the program improved throughout the year:

_____ Unable To Answer	_____ Strongly Agree	_____ Agree	_____ Somewhat	_____ Disagree	_____ Strongly Disagree
COMMENT					

5. The youth who were served by the program worsened throughout the year:

_____ Unable To Answer	_____ Strongly Agree	_____ Agree	_____ Somewhat	_____ Disagree	_____ Strongly Disagree
COMMENT					

6. The counseling program was helpful to school personnel:

_____ Unable To Answer	_____ Strongly Agree	_____ Agree	_____ Somewhat	_____ Disagree	_____ Strongly Disagree
COMMENT					

7. The counseling program is needed at this school year:

_____	_____	_____	_____	_____	_____
Unable	Strongly	Agree	Somewhat	Disagree	Strongly
To Answer	Agree				Disagree

COMMENT

8. The counseling program is not needed at this school next year:

_____	_____	_____	_____	_____	_____
Unable	Strongly	Agree	Somewhat	Disagree	Strongly
To Answer	Agree				Disagree

COMMENT

9. The counselor was accessible each week to ask and answer questions (for teachers, administrators, and parents):

_____	_____	_____	_____	_____	_____
Unable	Strongly	Agree	Somewhat	Disagree	Strongly
To Answer	Agree				Disagree

COMMENT

10. The “Intro to Counseling Services Seminar” at the beginning of the year (or the online video Intro that I watched), and the “Counseling Services Wrap-up Seminar” at the end of the year (not offered every year) were helpful:

_____	_____	_____	_____	_____	_____
Unable	Strongly	Agree	Somewhat	Disagree	Strongly
To Answer	Agree				Disagree

COMMENT

11. I would like the Counseling Services program to add a one-day workshop addressing topics of interest to teachers and administrators (or a professional development seminar) that enhances professional interactions with youth and families:

_____	_____	_____	_____	_____	_____
Unable	Strongly	Agree	Somewhat	Disagree	Strongly
To Answer	Agree				Disagree

COMMENT

12. The counselor made sure to keep the whereabouts of the youth monitored each week:

_____	_____	_____	_____	_____	_____
Unable	Strongly	Agree	Somewhat	Disagree	Strongly
To Answer	Agree				Disagree

COMMENT

13. The counselor was professional on the telephone, in the use of email, and in other forms of communication:

_____	_____	_____	_____	_____	_____
Unable	Strongly	Agree	Somewhat	Disagree	Strongly
To Answer	Agree				Disagree

COMMENT

14. I would recommend that this program continue in the future:

Unable
To Answer

Strongly
Agree

Agree

Somewhat

Disagree

Strongly
Disagree

COMMENT

15. I would recommend that the program add more services at the school next year (list additional services that you think are needed for the program):

16. I would recommend that the program discontinue providing all or some services next year (list aspects of the program that you think are not needed or that are unnecessary):

17. Other Comments:

18. Would you like someone to contact you via email or by phone to talk about how the program went this year? Yes No

If number 18 is “yes,” please enter your

Email address: _____ **and/or**

Phone number: (____) ____-_____

AFTER COMPLETING THIS FORM, YOU MAY USE THE BUTTONS BELOW TO CHOOSE HOW YOU'D LIKE TO HANDLE THE DOCUMENT YOU FILLED OUT, AND HOW YOU'D LIKE TO SUBMIT IT.

- 1) YOU MAY ELECT TO “PRINT & SAVE FORM.” WITH THIS OPTION, A COPY WILL BE SENT TO YOUR PRINTER – AND IT WILL BE SAVED ON YOUR COMPUTER. YOU MAY THEN TURN THE PRINTED FORM INTO THE SCHOOL ADMINISTRATOR WHO ASKED YOU TO COMPLETE IT.
- 2) YOU MAY ELECT TO “SUBMIT ONLINE.” THIS BUTTON WILL SEND THE FORM TO THE PROGRAM ADMINISTRATOR ELECTRONICALLY.

REMEMBER: TO SUBMIT THIS FORM BY THE DEADLINE THAT WAS ANNOUNCED BY THE ONISTE COUNSELOR AND THE SCHOOL ADMINISTRATOR, SO THAT YOUR OPINION WILL BE INCLUDED IN THE ANNUAL PROGRAM EVALUATION.

PRINT & SAVE

SUBMIT ONLINE

CONTACT US

SEE WEBSITE