



Reference No.: BatStateU-FO-OGC-13

Effectivity Date: November 28, 2017

Revision No.: 01

COUNSELOR'S/FACILITATOR'S EVALUATION FORM

Please Check: GPB Main Campus I GPB Main Campus II Nasugbu Campus
 Malvar Campus Lipa Campus Lemery Campus
 Rosario Campus Balayan Campus San Juan Campus Lobo Campus

OPTIONAL

Name: _____ Sex: _____
 Program : _____ Yr. Level: _____ Date: _____

PLEASE USE THE SCALE TO ANSWER THE FOLLOWING ITEMS BELOW AND MAKE COMMENTS.
 THANK YOU.

Name of Counselor/Facilitator: _____
 5 – Strongly Agree (SA) 3 – Uncertain (U) 1 – Strongly Disagree (SD)
 4 – Agree (A) 2 – Disagree (D) 0 – No basis for evaluation (NB)

A. COUNSELING

Items	SA	A	U	D	SD	NB
1. After my session with my counselor/facilitator, I gained a better understanding of myself in terms of:						
1.1 Personal Issues	5	4	3	2	1	0
1.2 Career options	5	4	3	2	1	0
1.3 Academic concerns	5	4	3	2	1	0
1.4 Relationship problems	5	4	3	2	1	0
1.5 Family problems	5	4	3	2	1	0
1.6 Other (pls. specify) _____	5	4	3	2	1	0
2. Counseling helped me identify ways of coping with my issues and concerns.	5	4	3	2	1	0
3. After counseling, I am able to realize possible options and solutions to my identified problems.	5	4	3	2	1	0
4. After counseling, I realized that I need to further improve my behavior and attitude if I really want to make a difference in my life.	5	4	3	2	1	0
5. After counseling, I realized that I always have a choice and whatever choice I make I am fully responsible for its consequences.	5	4	3	2	1	0
6. I feel relieved after counseling.	5	4	3	2	1	0

B. COUNSELOR

1. I felt that the counselor actively and patiently listened to me.	5	4	3	2	1	0
2. During counseling, I felt the genuine friendliness, cheerfulness, and warmth of the counselor.	5	4	3	2	1	0
3. I felt I can trust the counselor.	5	4	3	2	1	0
4. The counselor showed acceptance and understanding.	5	4	3	2	1	0
5. Seeing the counselor was worth my time.	5	4	3	2	1	0

II. Strength/s of the Service

III. Weaknesses of the Service

IV. Recommendations

