

Napa Valley College

Peer Review Form for Academic Counseling Personnel

Evaluatee: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Evaluator: \_\_\_\_\_

1. Was the counselor prepared to address the student's concerns?

Observations & Comments:

2. Did the counselor establish a positive environment for discussion?

Observations & Comments:

3. Did the counselor address the student's concerns?

Observations & Comments:

4. Was the counselor punctual in keeping his/her appointment?

Observations & Comments:

5. Did the counselor make good use of the counseling time?

Observations & Comments:

6. Did the counselor ask appropriate questions, which allowed the student to adequately, express his/her issues?

Observations & Comments:

7. Did the counselor show respect for the student's concerns?

Observations & Comments:

8. Did the counselor provide the student with useful information in a clear and understandable manner?

Observations & Comments:

9. Did the counselor act in a courteous and professional manner toward the student?

Observations & Comments

10. Did the counselor give the student the necessary information and/or resources needed to develop a plan or take the next step?

Observations & Comments:

11. Overall, do you believe that the student benefited from this counseling appointment?

Observations & Comments

Additional Comments: