## Counseling - Evaluation Form

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| **Week #:\_\_\_\_\_\_\_\_\_\_\_\_**  **Class Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | **Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Instructor: Dr. Althea Winifred** | | | | |
|  | | |  | | | | |  | | | | |
| **Please rate the following items on a scale of one to ten, with one being terrible, five being acceptable, and ten being perfect.** | | | | | | | | | | | | |
| Webinar Platform | 1 | 2 | | 3 | 4 | 5 | 6 | | 7 | 8 | 9 | 10 |
| Comments: | | | | | | | | | | | | |
| Course Material | 1 | 2 | | 3 | 4 | 5 | 6 | | 7 | 8 | 9 | 10 |
| Comments: | | | | | | | | | | | | |
| Instructor Knowledge of courses | 1 | 2 | | 3 | 4 | 5 | 6 | | 7 | 8 | 9 | 10 |
| Comments: | | | | | | | | | | | | |
| Interactive of courses | 1 | 2 | | 3 | 4 | 5 | 6 | | 7 | 8 | 9 | 10 |
| Comments: | | | | | | | | | | | | |
| **Would you recommend this course to others? Why or why not?**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |
| **Other thoughts you would like to share?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |