

Name:

# Counseling Faculty Performance Evaluation

Data:

| Name.                |  |                                       | Date.                  |
|----------------------|--|---------------------------------------|------------------------|
| Instructi            | onal Program or Disc   | ipline:                               |                        |
| Evaluato             | ors:   |                                       |                        |
| Rating S             | cale*:   |                                       |                        |
| N/A                  | <b>DOES NOT APPLY</b> to this employee at this time, and/or there has been insufficient opportunity to observe and/or reasonably assess performance in this area |                                       |                        |
| (1)                  | Doing LESS and/or quality is LESS THAN EXPECTED (quality/quantity)   |                                       |                        |
| (2)                  | Doing WHAT IS EXPECTED in this position (quality/quantity)   |                                       |                        |
| (3)                  | Doing MORE and/or BETTER THAN EXPECTED (quality/quantity)  |                                       |                        |
| *Evaluat             | ors must explain any   | rating of less than 2 in the comments |                        |
| Sources              | on which Evaluation  | is based:                             |                        |
| Self-Evaluation      |  | Student Review of Faculty Performance | Faculty/Team Initials: |
| Worksite Observation |  | Mid-Semester Review Date:             |                        |
| Othe                 | er:  |                                       |                        |

# **COUNSELOR EFFECTIVENESS**

(Based on evaluator observations and student evaluations.)

Evaluator Observations: RATING
(1) (2) (3) N/A

- 1. Has knowledge of academic advising requirements and standards.
- 2. Provides clear and concise information regarding academic requirements.
- 3. Is well prepared for counseling sessions.
- 4. Has knowledge of career and personal counseling.
- 5. Meets counseling appointments promptly.
- 6. Encourages students to ask questions and express opinions.
- 7. Provides a supportive atmosphere for resolving student personal problems.
- 8. Is supportive and encouraging to students.
- 9. Is willing to assist faculty, staff and administration.
- 10. Is considerate and focused on student concerns.
- 11. Courteous and approachable by students.
- 12. Demonstrates sensitivity to students from diverse backgrounds.
- 13. Able to relate with students and command their respect.
- 14. Provides outreach services (information sessions, testing coordination, counseling, etc.) to assigned school or agency.

## **Student Observations:**

RATING
(1) (2) (3) N/A

- 1. Plans for and is well-prepared to teach/counsel.
- 2. Well prepared for counseling sessions.
- 3. Meets counseling appointments promptly.
- 4. Encourages students to ask questions and express opinions.
- 5. Provides a supportive atmosphere for resolving student personal problems.
- 6. Supportive and encouraging to students.
- 7. Considerate and focused on student concerns.

#### **Overall Teaching and Instruction Effectiveness**

(An average rating of 1.5 =an overall average of 2; 2.5 = 3)

# Area/Departmental Responsibilities and College-Wide Service

RATING (Yes) (No) (N/A)

- 1. Is knowledgeable about and abides by College, Area and Departmental policies, procedures, and timelines/targets
- 2. Orders instructional materials, equipment, textbooks, etc. in a timely fashion
- 3. Works cooperatively with and assists other staff members (especially new faculty)
- 4. Provides information for the development of departmental budgets and monitors expenditures as needed
- 5. Exercises good judgement in the management and use of facilities, equipment & supplies
- 6. Attends division meetings and in-services
- 7. Develops Student Learning Outcomes or Service Area Outcomes as needed
- 8. Assesses Student Learning Outcomes or Service Area Outcomes as needed
- 9. Produces written reports on SLO or SAO assessment results as needed
- 10. Initiates and/or participates in overall department-wide program development, maintenance, evaluation, revision, updating, and/or expansion of programs Examples:

11. Participates in Area and Departmental duties and responsibilities

## **Area and Departmental Responsibilities Overall Rating**

(An average rating of 1.5 =an overall average of 2; 2.5 = 3)

# RATING

(1) (2) (3) (N/A)

#### **College-Wide Service**

12. Demonstrates a pattern of service on College committees, projects and/or student organizations

- 13. Participates in faculty/college governance
- 14. Participates in flexible calendar duty days

RATING (Yes) (No) (N/A)

# **Professional Development**

(Years 2, 3, and 4 only)

(Yes) (No) (N/A)

1. Demonstrates a pattern of academic/professional and/or technical updating or currency

| Comments by Evaluators                                 |   |  |  |  |
|--|---|--|--|--|
| Classroom Visitation Date(s): Time:                    |   |  |  |  |
| Specific Course Name:                                  |   |  |  |  |
| Comments (Address any ratings of 2 and below):         |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
| *If necessary, provide                                 | e additional comments and/or recommendations for improvement on a separate sheet of paper.  |  |  |  |
|  | Recommendation  |  |  |  |
| Check one of the choices below:                        |   |  |  |  |
| 2.   | ont recommended for continued employment ontinued employment contingent upon correction of noted recommendations for improvement - Any rating of less than 2 in the overall categories must include recommendations for improvement (include or attach to evaluation) ecommended for continued employment |  |  |  |
|  | Comments by Faculty Member (Attach additional sheets if needed)   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
| Note: Attach a copy of the student evaluation summary. |   |  |  |  |
| Signature of Em  | ployee: Date:   |  |  |  |
| Signature of Administrator: Date:                      |   |  |  |  |

The above signature of the faculty member indicates that the faculty member has been given a copy of this evaluation and has had the opportunity to review it. It does not necessarily denote agreement with all factors of the evaluation.