FACULTY EVALUATION: COUNSELOR

# OBSERVATION

Evaluatee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Status\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Identify the counseling activity observed: [ ]  One-on-one session [ ]  Training session [ ]  Presentation

Describe briefly what happened during your observation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 2. **EVALUATION**: Check the appropriate response for each activity you observed during this evaluation observation***.*** If you think you are not qualified to judge an item, explain in the comments section. | YES | NO | NOTOBSVD. |
| a. Does the counselor demonstrate knowledge counseling practices? |  |  |  |
| b. Does the activity demonstrate preparation and organization? |  |  |  |
| c. Is communication clear? |  |  |  |
| d. Does the counselor demonstrate sensitivity to students of varying abilities, ethnic, and cultural backgrounds? |  |  |  |
| e. Does the counselor demonstrate knowledge of college curriculum requirements for degree, certificate, and transfer courses? |  |  |  |
| f. Does the counselor make appropriate referrals to on and off-campus resources and programs? |  |  |  |
| g. Does the counselor make effective use of available time? |  |  |  |
| h. Does the counselor respect the student’s needs and challenges? |  |  |  |
| i. Does the counselor respect the confidential nature between counselor and student?  |  |  |  |
| j. Does the counselor encourage student participation? |  |  |  |
| k. Does the counselor check for understanding throughout the session? |  |  |  |
| l. Does the counselor create an engaging learning environment? |  |  |  |
| m. Does the counselor present information in a logical sequence?  |  |  |  |
| Comments: |  |  |  |

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| 3. **PROFESSIONAL RESPONSIBILITIES**: Use the self-evaluation, as applicable, to support the completion of this section.  | YES | NO | NOTOBSVD.  |
| a. Does the counselor maintain subject matter competency? |  |  |  |
| b. Does the counselor participate in college, district, school, or area committees and meetings as well as other functions (if applicable)?  |  |  |  |
| c. Is the counselor involved in activitiessuch as program and curriculum development, student and faculty orientation and mentoring, program review, accreditation, professional and staff development, institutional and unit planning, and district promotional activities (if applicable)? |  |  |  |
| d. Does the counselor participate in educational enrichment activities (if applicable)? |  |  |  |
| e. Does the counselor maintain effective working relationships with staff and students? |  |  |  |
| f. Does the counselor engage in the student learning outcomes process for improvement? |  |  |  |
| Comments: |

Evaluator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Observation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name Signature

Evaluatee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name Signature

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| Check your position on this evaluation activity |
|  | Faculty Peer |
|  | CIO Designee |
|  | FLM Designee |
|  | FLM |