OBSERVATION FORM ACADEMIC/PSYCHOLOGICAL SERVICES COUNSELOR

NOTE TO OBSERVER: Review the counselor’s duties and responsibilities PRIOR to your observation. Evaluate the counselor’s performance and contact with counselees using specific, detailed examples.

OVERALL OBJECTIVE: To determine whether the counselor demonstrates proficiency in counseling services and interpersonal relations.

RATING KEY:

A. Exceeds Expectations B. Meets Expectations C. ~~Needs Improvement~~ D. ~~Unsatisfactory~~ E. ~~Not Enough Information~~/Not Applicable

Counselor:

Evaluator:

Date: Scheduled Time:

Began:

Time Session

Number of Counselee(s): Session Location:

Type of Counseling Session Observed (e.g., General, TRIO, EOPS, Athletes, Transfer, Career, etc.):

Counseling Topics Covered (e.g., general education, schedule creation, SEP, transfer, graduation/certificate requirements, career/major, personal, probation/dismissal/retention, etc.):

RATING KEY:

A. Exceeds Expectations B. Meets Expectations C. Needs Improvement D. Unsatisfactory E. Not Enough Information/Not Applicable

|  |  |  |
| --- | --- | --- |
| Rated section | A B C D E | Comments or examples of behavior |
| 1. **Expertise:** The counselor demonstrated counselinga. skills appropriate to the session. |  |  |
| b. knowledge of current policiesand requirements affecting counselee (e.g., entrance, graduation, etc.) |  |  |
| c. accurate, up-to-date knowledge of careers, courses, articulation, and certificate/degree/transferprograms. |  |  |
| 2. **Responsiveness:** The counselora. listened to/identified/helped to clarify the counselee’s academic, personal, and career issues/concerns and was helpful in addressing her/his needs. |  |  |
| b. was attentive to questions and comments. |  |  |
| c. responded clearly and precisely to individual needs and special circumstances. |  |  |
| d. prioritized issues/concerns and established tasks to be completed. |  |  |
| e. guided the counselee’s classselections and educational planning to address their needs/goals. |  |  |
| f. adapted style of communication to counselee’s developmental level. |  |  |

|  |  |  |
| --- | --- | --- |
| Rated section | A B C D E | Comments or examples of behavior |
| 1. **Referrals:** When appropriate, the counselor
	1. identified resources (such as pamphlets, books, counseling- related websites, and other tools).
 |  |  |
| b. provided information aboutother student support services. |  |  |
| c. applied knowledge of studentsupport resources and procedures to access services and makeappropriate referrals. |  |  |
| d. collaborates with other staff andoutside resources when needed. |  |  |
| 4. **Rapport:** The counselor conducted the session in a manner that established rapport with the counselee. |  |  |
| 5. **Time**: The counselora. was on time for the scheduled appointment. |  |  |
| b. demonstrated evidence of preparation and organization. |  |  |
| c. used the allotted time productively. |  |  |

|  |  |  |
| --- | --- | --- |
| Rated section | A B C D E | Comments or examples of behavior |
| 6. **Communication with counselee:** Regardless of national origin, religion, age, gender, gender identity, gender expression, race or ethnicity, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, or pregnancy or because they are perceived to have one or more of the foregoing characteristics, or based on association with a person or group with one or moreof these actual or perceived characteristics, the counselor: |  |  |
| a. Actively and effectively listenedto the counselee. |  |  |
| b. Answered questions clearly. |  |  |
| c. Provided counselee follow-upoptions. |  |  |
| e. Maintained counseleeconfidentiality. |  |  |
| f. Treated counselee respectfully and with sensitivity. |  |  |
| g. Fostered a climate of respect andempathy. |  |  |
| 7. Critical Thinking and Independence: The counselor encouraged critical thinking and independence. Ways to promote critical thinking include but are not limited to:* Asking open-ended questions
* Promoting independent thinking and encouraging independent research of educational/career options.

Provide examples. |  |  |

|  |  |  |
| --- | --- | --- |
| Rated section | A B C D E | Comments or examples of behavior |
| **8. For Psychological Services Counselors ONLY.** |  |  |
| The Psychological Services Counselora. demonstrated knowledge of crisis protocol. |  |  |
| b. demonstrated awareness of signs and behaviors typical of a student in crisis and made appropriate referrals. |  |  |
| c. created an appropriately structured setting and maintained the boundaries of the counseling relationship. |  |  |
| d. provided accurate documentationand reporting of crisis situation. |  |  |
| e. provided only those services andapplied only those techniques for which she/he is qualified by education, training, or expertise. |  |  |

OVERALL PERFORMANCE RATING

1. Exceeds expectations.
2. Meets expectations.
3. Needs improvement. (Improvement plan required. See Improvement Plan form.)
4. Is unsatisfactory. (Improvement plan required. See Improvement Plan form.) EVALUATOR COMMENTS:

I have met with the evaluee and discussed the evaluee’s counseling observation.

Signed: Date:

Evaluator

EVALUEE COMMENTS:

I have met with the evaluator and discussed my counseling observation.

Signed:

Evaluee

Date:

STUDENT QUESTIONNAIRE ACADEMIC COUNSELOR

Thank you for your participation in this short survey. All of the district’s academic counselors are evaluated on a periodic basis, and yours is being evaluated today. We would appreciate your feedback on the counseling you received. Please respond honestly to the statements below and do NOT sign your name so that your comments remain anonymous.

Date:

Counselor’s name:

1. The counselor was on time for my scheduled appointment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. ~~The counselor was available during scheduled hours~~.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. The counselor listened to and understood my questions and concerns.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. The counselor was helpful and assisted me with answering my questions and identifying solutions to my concerns.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. The counselor was well organized and used the allotted time productively.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. ~~The counselor reviewed my previous course work and/or placement test information prior to advising me on course selection~~.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. The counselor was ~~courteous and~~ professional and presented information ~~in a clear and understandable manner.~~

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. ~~The counselor treated me fairly without regard to national origin, religion, age, gender, gender identity, gender expression, race or ethnicity, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, or pregnancy or because they are perceived to have one or more of the foregoing characteristics, or based on association with a person or group with one or more of these actual or perceived characteristics.~~

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. ~~The counselor was well informed about the content of course offerings and helped me understand course prerequisites, if applicable~~.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. ~~The counselor assisted me in interpreting math, reading, and/or English placement test results and in identifying courses~~.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. The counselor helped me ~~in a clear and concise manner to plan my academic and career program~~ that is consistent with my personal objectives.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. The counselor assisted me in understanding requirements for graduation, transfer or certificate programs, if applicable, in an accurate, clear and concise manner.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. The counselor referred me to campus and community support services for additional information and assistance, when appropriate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. The counselor was supportive and encouraging and showed genuine interest in assisting me. ~~Overall, I felt comfortable with the counselor~~.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. The counselor is someone I would recommend to others, and I would see this counselor again.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

# IN ADDITION, PLEASE RESPOND TO THE FOLLOWING TWO QUESTIONS ON THE BACK OF THIS FORM:

1. In what specific ways was this counselor/advisor most helpful to you?
2. What specific things might this counselor/advisor do to improve his/her counseling/advising?

STUDENT QUESTIONNAIRE PSYCHOLOGICAL SERVICES COUNSELOR

Thank you for your participation in this short survey. All of the district’s psychological services counselors are evaluated on a periodic basis, and yours is being evaluated today. We would appreciate your feedback on the counseling you received. Please respond honestly to the statements below and do NOT sign your name so that your comments remain anonymous.

Date:

Counselor’s name:

I have had multiple sessions with this psychological services counselor. (Check one.): Yes No

If yes, how many times?

1. The psychological services counselor was on time for my scheduled appointment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. The psychological services counselor was available during scheduled hours.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. The psychological services counselor had familiarized her/himself with my situation (if applicable) and listened to and understood my questions and concerns.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. I am more satisfied with my current academic performance than I was when I began working with this psychological services counselor.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. I am more satisfied with my overall performance (employment, relationships, household chores, etc.) than when I began working with this psychological services counselor.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. The psychological services counselor was courteous and professional and presented information in a clear and understandable manner.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. The psychological services counselor treated me fairly without regard to national origin, religion, age, gender, gender identity, gender expression, race or ethnicity, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, or pregnancy or because they are perceived to have one or more of the foregoing characteristics, or based on association with a person or group with one or more of these actual or perceived characteristics.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. The psychological services counselor referred me to campus and community support services for additional information and assistance, when appropriate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. The psychological services counselor was supportive and encouraging and showed genuine interest in assisting me. Overall, I felt comfortable with the counselor.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. The psychological services counselor is someone I would recommend to others, and I would see this counselor again.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree Not | Applicable |
| ☐5 | * 4
 | * 3
 | * 2
 | * 1
 | * 0
 |
| Comments: |  |  |  |  |  |

1. Please indicate the overall quality of the psychological services received from this counselor.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Excellent | Very Good | Good | Satisfactory | Poor |
| ☐5 | * 4
 | ☐3 | ☐2 | ☐1 |
| Comments: |  |  |  |  |

# IN ADDITION, PLEASE RESPOND TO THE FOLLOWING TWO QUESTIONS ON THE BACK OF THIS FORM:

1. In what specific ways was this psychological services counselor most helpful to you?
2. What specific things might this psychological services do to improve his/her counseling?

PORTFOLIO REVIEW FORM ACADEMIC/PSYCHOLOGICAL SERVICES COUNSELOR

College: Division: Academic year of evaluation Semester: Name of evaluee: Name of evaluator:

*Please note that portfolios may be submitted in hard copy or as a PDF in a well-organized, comprehensible, and succinct manner and should include materials from both onsite and online classes.*

The portfolio contains the following items: key information handouts.

representative projects (e.g., workshops, tutorials, etc.)

evidence of professional development activities.

evidence of feedback from constituency (e.g., emails, surveys, etc.). (Optional) statement of philosophy. (Optional)

other information the evaluee feels should be included to adequately describe the strategies employed in his or her job responsibilities. (Optional)

OVERALL PORTFOLIO RATING

* 1. Exceeds expectations.
	2. Meets expectations.
	3. Needs improvement. (Improvement plan required. See Improvement Plan form.)
	4. Is unsatisfactory. (Improvement plan required. See Improvement Plan form.) EVALUATOR COMMENTS:

I have met with the evaluee and discussed the evaluee’s portfolio.

Signed: Date:

Evaluator

EVALUEE COMMENTS:

I have met with the evaluator and discussed my portfolio.

Signed: Date:

Evaluee

MANDATORY SELF-ASSESSMENT FORM ACADEMIC/PSYCHOLOGICAL SERVICES COUNSELOR

College: Division: Academic year of evaluation Semester: Name of evaluee:

Provide the requested information since your last evaluation.

1. Describe or list ways you have participated in Department and/or Division activities.
2. Describe or list ways you have participated in College and/or District activities.
3. Describe or list how you have engaged in professional development related to discipline expertise and/or teaching techniques.
4. Identify any publications, presentations, and/or job-related community activities in which you have been engaged.
5. Describe or list ways you have participated in the development and assessment of Student Learning Outcomes (SLOs). SLO assessment may include but is not limited to faculty-faculty dialogue, working in professional organizations or groups, working with an institutional researcher, curriculum mapping as part of a retreat, reviewing curriculum for external organizations, addressing student equity questions, using student input through surveys, exams, exam analysis, and registering changes as a consequence.
6. Identify any awards, honors, and/or external evaluations you have received.
7. Provide information not addressed above.

DEAN/RESPONSIBLE ADMINISTRATOR’S ASSESSMENT OF PROFESSIONAL RESPONSIBILITIES FORM

ACADEMIC/PSYCHOLOGICAL SERVICES COUNSELOR

College: Division: Academic year of evaluation Semester: Name of evaluee: Name of evaluator:

1. Evaluee participates constructively in Division and Department meetings and other activities related to area of responsibility. (Optional for adjunct faculty.)
2. Evaluee participates constructively on College-wide committees. (Optional for adjunct faculty.)
3. Evaluee submits grades and other information in a complete, accurate, and timely manner.
4. Evaluee collaborates well with and is respected by faculty, staff, and students.
5. Evaluee fulfills professional responsibilities.
6. Evaluee participates in professional growth activities.
	1. EVALUATOR COMMENTS:

I have met with the evaluee and discussed the evaluee’s classroom observation.

Signed: Date:

Evaluator

EVALUEE COMMENTS:

I have met with the evaluator and discussed my classroom observation.

Signed:

Evaluee

Date:

ADDITIONAL COMMENTS: