

COUNSELING FACULTY OBSERVATION FORM

NOTE TO OBSERVER: Review the counselor's duties and responsibilities PRIOR to your observation. Evaluate the counselor's performance and contact with students 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: \_\_\_\_\_

Time Session Began: \_\_\_\_\_ Session Location: \_\_\_\_\_

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

Counseling Topics Covered (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Career/Major                                    | <input type="checkbox"/> Probation/Dismissal            |
| <input type="checkbox"/> General Education                               | <input type="checkbox"/> Schedule Creation              |
| <input type="checkbox"/> Graduation/Certificate Requirements/Application | <input type="checkbox"/> Student Educational Plan (SEP) |
| <input type="checkbox"/> Financial Aid                                   | <input type="checkbox"/> Transfer                       |
| <input type="checkbox"/> Personal  | <input type="checkbox"/> Other _____                    |

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
<p>1. <b>Building Rapport:</b> <i>The counselor conducted the session in a manner that established rapport with the counselee.</i></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>a. Created an empathetic environment</li> <li>b. Actively and effectively listened to the student</li> <li>c. Demonstrated clear and concise communication</li> <li>d. Fostered a climate of mutual respect</li> <li>e. Sensitive to student differences &amp; their situations (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)</li> <li>f. Engaged student in the session</li> <li>g. Responded clearly and precisely to individual needs and special circumstances</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. <b>Expertise:</b> <i>The counselor demonstrated knowledge of counseling practices and skills appropriate to the session</i></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>a. Provided accurate, applicable information for advising and planning</li> <li>b. Demonstrated knowledge of policies &amp; procedures</li> <li>c. Used counseling-related tools when applicable</li> <li>d. Applied knowledge of student support resources and procedures to access services</li> <li>e. Completed appropriate forms, if applicable</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RATING KEY:

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 E. Not Enough Information/Not Applicable

<p><b>3. Counseling and Advising:</b> <i>The counselor communicated clearly and provided counseling and advising practices that were appropriate to the student's needs</i></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>a. Developed a Student Educational Plan addressing the student needs/goals</li> <li>b. Assisted in researching relevant information</li> <li>c. Developed a class schedule</li> <li>d. Performed unofficial transcript evaluation</li> <li>e. Helped student clarify goals</li> <li>f. Reviewed student notes from previous counseling session</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>4. Appointment Structure/Organization:</b> <i>The counselor conducted the session in a thoughtful and organized manner appropriate to the student's needs</i></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>a. Prioritized concerns and established tasks to be covered</li> <li>a. Made appropriate referrals and provided necessary information</li> <li>b. Clarified and reinforced next steps identified during the session</li> <li>c. Encouraged a follow up appointment as needed</li> <li>d. Collaborated with other staff and outside resources when needed</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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
<p><b>5. For DSPS Faculty ONLY:</b> <i>The DSPS faculty demonstrated expertise commensurate with those required for providing services to students with disabilities on a college campus</i></p> <p><b>Examples:</b></p> <p>a. Facilitated an interactive discussion to help determine individual student needs</p> <p>b. Completed necessary programmatic documentation during session</p> <p>c. Reviewed specific program policies and procedures as appropriate</p> <p>d. Assisted the student in developing greater self-advocacy skills, and/or implementing specific individual success strategies to promote student success</p> <p>e. Demonstrated an understanding and comfort with addressing disability specific issues effecting the students' academic success</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OVERALL PERFORMANCE RATING

- A. Exceeds Expectations
- B. Meets Expectations
- C. Needs Improvement (Improvement plan required. See Improvement Plan form.)
- D. Unsatisfactory (Improvement plan required. See Improvement Plan form.)

EVALUATOR'S FINAL COMMENTS:

I have met with the evaluatee and discussed the evaluatee's Counseling Observation

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Evaluator

EVALUEE'S FINAL COMMENTS:

I have met with the evaluator and discussed my Counseling Observation

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Evaluatee

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 began scheduled counseling appointment in a timely manner.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

2. The counselor listened to and understood my questions and concerns with genuine interest and empathy.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

3. 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
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

4. The counselor was well organized and used the time to address my main concerns. (Example: Reviewed previous coursework, assessment information, etc.)

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

5. 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
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

6. 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
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

7. The counselor was knowledgeable about course offerings, course descriptions, sequences, and prerequisites, if applicable?

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

8. The counselor worked with me to create an academic and/or career program that is consistent with my personal goals

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

9. The counselor helped-me understand-requirements for graduation, transfer or certificate programs, if applicable, in an organized and accurate manner.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

10. 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
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

11. 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
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:

12. I would see this counselor again and would recommend this counselor to others?

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Comments:



IN ADDITION, PLEASE RESPOND TO THE FOLLOWING TWO QUESTIONS

A. In what specific ways was this counselor most helpful to you?

B. What specific things might this counselor do to improve their counseling/advising?

PORTFOLIO REVIEW FORM ACADEMIC COUNSELOR

College: \_\_\_\_\_ Division: \_\_\_\_\_

Academic year of evaluation \_\_\_\_\_ Semester: \_\_\_\_\_

Name of evaluatee: \_\_\_\_\_

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 counseling.

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

OVERALL PORTFOLIO RATING

- Exceeds Expectations
- Meets Expectations
- Needs Improvement (Improvement plan required. See Improvement Plan form.)
- Unsatisfactory (Improvement plan required. See Improvement Plan form.)

EVALUATOR FINAL COMMENTS:

I have met with the evaluatee and discussed the evaluatee's portfolio

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Evaluator

EVALUEE'S FINAL COMMENTS

I have met with the evaluator and discussed my portfolio.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Evaluatee





DEAN/RESPONSIBLE ADMINISTRATOR'S ASSESSMENT OF PROFESSIONAL  
RESPONSIBILITIES FORM

ACADEMIC COUNSELOR

College: \_\_\_\_\_ Division: \_\_\_\_\_

Academic year of evaluation \_\_\_\_\_ Semester: \_\_\_\_\_

Name of evaluatee: \_\_\_\_\_

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

OVERALL PERFORMANCE RATING

- A. Exceeds Expectations
- B. Meets Expectations
- C. Needs Improvement (Improvement plan required. See Improvement Plan form.)
- D. Unsatisfactory (Improvement plan required. See Improvement Plan form.)

DEAN/RESPONSIBLE ADMINISTRATOR'S FINAL COMMENTS:

I have met with the evaluatee and discussed the evaluatee's observation

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Evaluator

EVALUEE'S FINAL COMMENTS:

I have met with the evaluator and discussed my observation

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Evaluatee

ADDITIONAL COMMENTS:



