

OBSERVATION FORM
PERSONAL COUNSELOR

NOTE TO OBSERVER: Review the personal counselors duties and responsibilities PRIOR to your observation. Evaluate the personal counselor's performance and contact with their audience using specific, detailed examples.

*Context of observation may not be available, thus scores may be subject to modification at observer's discretion during face to face review with the observed personal counselor. (ex. Personal counselor may adopt a very casual communication style, which may seem inappropriately friendly, but in face to face review observer learns that student had series of traumatic incidences with authorities who adopted a rigid 'professional' style of communication).

OVERALL OBJECTIVE: To determine whether the counselor demonstrates proficiency in personal counseling services.

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 service began:

Number of others present (students, supervisees, etc.):

Session Location:

Type of service observed (individual therapy session, group therapy, supervision, 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 personal counselor demonstrated:		
a. Clinical skills appropriate to the service observed.		
b. Adhered to current laws and ethics put out by respective professional bodies (CAMFT, NASW, BBS, etc.) (if applicable).		
c. Guided the student/supervisee towards further insight (open/closed questions, reflecting/ rephrasing, summarizing, process comments, etc.).		
d. Goal setting (when appropriate), collaborating with student/supervisee on realistic and appropriate goals.		
e. Expressed empathy and care when appropriate; personal counselor was present and open to student/supervisee.		
f. Maintained their own emotional stability and self control in relationship with student/supervisee.		
g. Skillfully used self-disclosure when appropriate for a specific purpose and in service to the student/supervisee.		
h. Created a psychologically safe space and maintained boundaries of the personal counseling/supervisory relationship.		
i. Demonstrated establishing rapport and/or rapport building.		
j. Understood power differences in therapeutic/supervisory relationship and managed those differences.		
k. Selection and use of interventions that are appropriate to student's background and culture.		
l. Remained within the scope of practice defined by the appropriate professional body (BBS, CAMFT, NASW, etc.).		

Responsiveness: The personal counselor:		
a. Helped student/supervisee cope with/manage difficult emotions (interventions, psychoeducation, providing tools/coping strategies) (if applicable).		
b. Helped student/supervisee prioritize their needs and create a plan (if applicable).		
c. Remained present with student and followed their lead when appropriate; 'met the student where they're at'.		
d. Was attentive to questions and comments.		
e. Responded clearly and precisely to individual needs and special circumstances.		
f. Adapted style of communication to student's developmental level.		
g. Moderated facial expressions and body language to attune to client's emotional state.		
h. Provided student relevant follow-up options when appropriate (coordination with personal counseling staff, referrals, etc.)		
i. Demonstrated ability to change and adapt to unexpected circumstances/situations (if applicable).		
j. Demonstrated awareness of signs and behaviors typical of a student in crisis and responded appropriately (if applicable)		
Cultural Humility & Diversity: The personal counselor:		
a. Demonstrated respect for culture (race, faith/religion, gender & gender expression, geolocation, socioeconomic status, history, sexuality, generational issues, etc.), and awareness of and responsive of ways in which culture interacts with personal counseling relationship.		
b. Demonstrated non-judgemental acceptance of all aspects of the student, their situation, and their emotional needs.		

c. Identified and acknowledged impact own culture may have on therapeutic relationship.		
For observations of supervision. The personal counselor:		
a. Encouraged growth process by skillfully balancing giving answers vs allowing supervisee to explore and work towards solution themselves.		
b. Supervisee(s) left meeting with a clear direction, treatment plan, action plan or next steps with client.		
c. Encouraged exploration of cultural aspects of supervisee's caseload, including (not but limited to) race, faith/religion, gender & gender expression, geolocation, socioeconomic status, history, sexuality, generational issues, etc.		
d. Explored transference (client directing feelings, desires, expectations towards personal counselor that appear based on client's past feelings, desires, expectations about someone else) & countertransference (personal counselor transferring emotions to client) when appropriate.		
e. Managed energy level and psychological safety of individual or group supervision to create environment for supervisee(s) to share honestly and be vulnerable regarding their clinical work.		
f. Guided supervisee's mistakes to become learning opportunities.		

OVERALL PERFORMANCE RATING

- A. Exceeds expectations
- B. Meets expectations
- C. Needs improvement (Improvement plan required. See Improvement Plan form)
- D. Is unsatisfactory (Improvement plan required. See Improvement Plan form)

EVALUATOR COMMENTS:

I have met with the evaluatee and discussed the evaluatee's personal counseling observation.

Signed: _____ Date: _____
Evaluator

EVALUEE COMMENTS

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

Signed: _____ Date: _____
Evaluatee

STUDENT QUESTIONNAIRE

PERSONAL COUNSELOR

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

Date: _____

Personal Counselor's name: _____

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

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
5	4	3	2	1	0

Comments:

2. The personal counselor was available during scheduled hours.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
5	4	3	2	1	0

Comments:

3. The personal counselor had familiarized her/him/themselves 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:

4. I am more satisfied with my current academic performance than I was when I began working with this personal counselor.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
5	4	3	2	1	0

Comments:

5. I am more satisfied with my overall performance (employment, relationships, household chores, etc.) than I was when I began working with this personal counselor.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
5	4	3	2	1	0

Comments:

6. The personal 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:

7. The personal 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, 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:

8. The personal counselor helped me to cope and/or develop coping skills for distressing emotional states.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
5	4	3	2	1	0

Comments:

9. The personal counselor interacted with me in a manner which encouraged further personal insight into myself and/or my situations.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
5	4	3	2	1	0

Comments:

10. The personal counselor referred me to campus and community support services for additional information and/or support, when appropriate.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
5	4	3	2	1	0

Comments:

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

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
5	4	3	2	1	0

Comments:

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

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
5	4	3	2	1	0

Comments:

13. Please indicate the overall quality of the personal counseling services received from this personal 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:

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

B. What specific things might this personal counselor do to improve his/her/their service?

PORTFOLIO REVIEW FORM

PERSONAL COUNSELOR

College: _____ Division: _____
Academic year of evaluation _____ Semester: _____
Name of evaluatee: _____
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 evaluatee feels should be included to adequately describe the strategies employed in his or her job responsibilities. (Optional)

OVERALL PORTFOLIO RATING

- A. Exceeds expectations.
- B. Meets expectations.
- C. Needs improvement. (Improvement plan required. See Improvement Plan form.)
- D. Is unsatisfactory. (Improvement plan required. See Improvement Plan form.)

EVALUATOR COMMENTS:

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

Signed: _____ Date: _____
Evaluator

EVALUEE COMMENTS:

I have met with the evaluator and discussed my portfolio.

Signed: _____ Date: _____
Evaluatee

MANDATORY SELF-ASSESSMENT FORM

PERSONAL COUNSELOR

College: _____ Division: _____
Academic year of evaluation _____ Semester: _____
Name of evaluatee: _____

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

PERSONAL COUNSELOR

College: _____ Division: _____
Academic year of evaluation _____ Semester: _____
Name of evaluatee: _____
Name of evaluator: _____

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. Is unsatisfactory. (Improvement plan required. See Improvement Plan form.)

EVALUATOR COMMENTS:

ADDITIONAL COMMENTS: