

Note: This evaluation form is applicable to counseling faculty only.

Name		ID or SSN	Position Number	HR Processed	
				Date	By
Location			Supervising Dean		
Pre-Evaluation Conference Date	Formal Observation Date	Duration	Tenured (Yes/No)		

I. Counselor Report on Primary and Other Responsibilities:

The counselor is responsible for completing this section in May of the academic year. The dean will conduct the formal observation during the subsequent academic year. By completing this section, the counselor affirms that he/she has met the primary and other professional responsibilities as contained in the FUSA Agreement, or as indicated on the End-of-Term Report Form.

A. Maintains required work hours scheduled by the counseling faculty's supervising dean for the campus' counseling department.

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|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Fall Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Spring Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Summer Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

B. Attended required scheduled in-service activities except when on approved leave.

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|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Fall Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Spring Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

C. Participated in student development activities, such as test anxiety seminars, student success strategies, drug abuse seminars, and counselor-to-counselor articulation workshops.

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|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Fall Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Spring Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Summer Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

D. Served as cluster officer or on cluster subcommittee when needed.

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|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Fall Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Spring Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Summer Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

E. Attended all cluster meetings unless on approved leave or fulfilling a previously scheduled college or academic-related commitment or medical appointment.

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|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Fall Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Spring Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Summer Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

F. Attended all required scheduled district-wide, campus-wide and area meetings unless on approved leave.

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|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Fall Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Spring Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Summer Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

G. Provided counseling services to students in a professional manner.

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|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Fall Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Spring Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Summer Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

H. Endeavored to provide accommodation for disabled students as recommended by the coordinator of services for students with disabilities.

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|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Fall Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Spring Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Summer Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

I. Attended graduation unless excused or on approved leave.

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|--------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> Fall Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Spring Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Summer Term | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

The following section is to be completed by the dean prior to the post-observation meeting:

Relative to the Primary and Other Responsibilities, provide examples of strengths:

Provide areas needing improvement, if any:

Other comments:

II. Counselor Development, Self-Assessment, and Goal Setting Report

(The counselor is responsible for completing this section in May of the academic year.)

Accomplishments Current Academic Year

1. Campus, College or educational committees

2. Community or professional projects

- 3. Professional organizations, publications, or presentations of scholarly or professional work
- 4. Students' success, retention, and placement (data elements to be determined by committee).
- 5. Instructional development, such as enhanced teaching strategies, modifying syllabus as appropriate, developing courses, etc.
- 6. Service within the cluster, such as leadership and program review
- 7. Other contributions

III. Counselor Development Activities for the Evaluation Period (The counselor is responsible for completing this section in May of the academic year.)

Date	Activity	Location	Number of Hours

IV. Formal Observation (to be conducted by supervising dean)

The counselor

- was enthusiastic during the presentation to the students.
- was well organized and well prepared.
- demonstrated knowledge of the college policies relevant to students.
- demonstrated knowledge of college programs.
- demonstrated knowledge of services immediately available to students.
- utilized germane and clearly understood handouts, multi-media presentations or other materials.
- used time wisely.
- treated students with respect.
- answered student's questions clearly.
- made the orientation or activity relevant to student needs.

Relative to the above attributes, provide examples of strengths noted during formal observation(s):

Provide areas needing improvement, if any:

V. Other Supervising Dean Comments:

VI. Based upon this evaluation, I consider the faculty member's overall performance to be

- satisfactory (signatures required below).
- acceptable, but some improvement needed (complete next section).
- improvement needed (complete next section).
- unsatisfactory with serious deficiencies noted (complete next section).

VII. Plan of Action:

A. Time-frame set for determining improvement:

B. Consequences, if no improvement:

Supervising Dean's Signature

Date

Faculty Member's Signature

Date

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