

**COUNSELOR EVALUATION  
PERFORMANCE REVIEW**

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

Name		ID (Not Soc Sec Num)	Position Number	HR Processed	
				Date	By
Location			Supervising Dean		
Pre-Evaluation Conference Date	Formal Observation Date	Duration	Tenured (Yes/No)		

**I. During the official observation, the following attributes were noted:**

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 orientation relevant to student needs.

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

Areas needing improvement, if any:

**II. Primary and Other Responsibilities:**

The counselor has met the primary and other professional responsibilities as contained in the FUSA Agreement, or as indicated on the End-of-Term Form.

1. Maintained required work hours scheduled by the counseling faculty's supervising dean for the campus' counseling department.  
 Fall Term                       Yes                       No                       N/A  
 Spring Term                       Yes                       No                       N/A  
 Summer Term                       Yes                       No                       N/A
2. Attended required scheduled in-service activities except when on approved leave.  
 Fall Term                       Yes                       No                       N/A  
 Spring Term                       Yes                       No                       N/A  
 Summer Term                       Yes                       No                       N/A
3. Participated in student development activities, such as test anxiety seminars, student success strategies, drug abuse seminars, and counselor-to-counselor articulation workshops.  
 Fall Term                       Yes                       No                       N/A  
 Spring Term                       Yes                       No                       N/A  
 Summer Term                       Yes                       No                       N/A
4. Served as cluster officer or on cluster subcommittee when needed.  
 Fall Term                       Yes                       No                       N/A  
 Spring Term                       Yes                       No                       N/A  
 Summer Term                       Yes                       No                       N/A
5. Attended all cluster meetings unless on approved leave or fulfilling a previously scheduled College or academic-related commitment or medical appointment.  
 Fall Term                       Yes                       No                       N/A  
 Spring Term                       Yes                       No                       N/A  
 Summer Term                       Yes                       No                       N/A
6. Attended all required scheduled district-wide, campus-wide and area meetings unless on approved leave.  
 Fall Term                       Yes                       No                       N/A  
 Spring Term                       Yes                       No                       N/A  
 Summer Term                       Yes                       No                       N/A
7. Provided counseling services to students in a professional manner.  
 Fall Term                       Yes                       No                       N/A  
 Spring Term                       Yes                       No                       N/A  
 Summer Term                       Yes                       No                       N/A
8. Endeavored to provide accommodation for disabled students as recommended by the Coordinator of Services for Students with Disabilities.  
 Fall Term                       Yes                       No                       N/A  
 Spring Term                       Yes                       No                       N/A  
 Summer Term                       Yes                       No                       N/A
9. Attended graduation unless excused or on approved leave.  
 Fall Term                       Yes                       No                       N/A  
 Spring Term                       Yes                       No                       N/A  
 Summer Term                       Yes                       No                       N/A

**III. Other Supervising Dean Comments:**

**Note:** The administration is normally expected to document problems. When documentation exists, it will be provided for any items marked "no" under II above and in support of any supervisory comments made in III.

**IV. 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.)

**V. Plan of Action:**

A. Time-frame set for determining improvement:

B. Consequences, if no improvement:

<i>Supervising Dean's Signature</i>	<i>Date</i>	<i>Faculty Member's Signature</i>	<i>Date</i>
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