Peralta Community College District

**COUNSELING FACULTY OBSERVATION-EVALUATION FORM**

# (For PART-TIME, LTS and TENURED FACULTY)

Semester

Academic Year

Date of Observation/Evaluation

**Name of Faculty Evaluee** College

Evaluator

**General Instructions:**

This form is for all part-time Counseling faculty observations/evaluations. Part-time Counseling faculty observation/ evaluations must be conducted once every three years.

*In order for an eligible part-time Counseling faculty member to enter the Preferred Hiring Pool, every box in Part A and appropriate sections of Part B below must be checked. Any blank box in Part A will eliminate a part-time faculty member from consideration for the Preferred Hiring Pool****. (NOTE: Having every box checked in Part A does not guarantee entry into the Preferred Hiring Pool--it is simply a minimum requirement).***

For initial entry into the Preferred Hiring Pool, in addition to the checked boxes and comments in Parts A and B, Parts C and D must be completed and the summary evaluation rating must be “surpasses” or “exemplary.” In subsequent evaluations (after initial entry into the Preferred Hiring Pool), every box in Part A and appropriate sections of Part B must be checked and a summary evaluation rating must be at minimum “meets all requirements” for a part-time Counseling faculty member to remain in the Preferred Hiring Pool.

Prior to the observation/evaluation, the Observer/Evaluator shall meet to determine when to conduct the observation/ evaluation.

**Check the type of counseling session observed:**

* Drop-in (should observe for minimum of one hour)
* 30-minute appointment
* 60-minute appointment
* Other:

**Purpose of the Session:**

(i.e., ed plan development, transfer review, scheduling classes, graduation petition, etc.)

1. **Counseling Skills**

|  |  |  |
| --- | --- | --- |
| **Check if Observed** | **Element** | **Comment on each Element (whether checked or not - required)** |
|  | 1. Emphasized confidentiality and demonstrated a variety of appropriate counseling skills including active listening, establishing rapport and developing trust, effective questioning, focused interviewing, reflecting content and feeling, and summarizing. |  |
|  | 2. Encouraged the student to develop and clarify his/her own goals and take responsibility for developing a plan of action. |  |
|  | 3. Promoted the student’s independence and growth through counseling about key issues such as decision- making (including exploration of options), problem solving, and self-advocacy. |  |
|  | 4. Anticipated and explored questions, issues, and potential challenges for the student. |  |
|  | 5. Responded sensitively and appropriately to the differences, needs, and special circumstances of students from diverse backgrounds, including ethnicity, socio-economic status, religion, culture, education, (dis)ability, sexual orientation, and the like. |  |
|  | 6. Treated the student fairly and respectfully and, when appropriate, advocated on the student’s behalf. Recognized the right of students to have points of view different from the counselor’s. |  |

1. **Knowledge Base**

|  |  |  |
| --- | --- | --- |
| **Check if Observed** | **Element** | **Comment on each Element (whether checked or not - required)** |
|  | 1. Provided student with accurate and timely information about assessment, prerequisites, degree and certificate programs, transfer requirements, and other key areas. |  |
|  | 2. Emphasized thoroughness and accuracy when completing graduation petitions and when developing educational, career, and other plans with student. |  |
|  | 3. Utilized a variety of campus, district, and/or community resources when making referrals to student, including financial aid, Library, Orientation, Learning Center, DSP&S, etc. |  |
|  | 4. Accessed and demonstrated print, electronic, and other information resources to provide current and timely service to student, including use of campus forms and adherence to campus/district deadlines and procedures. |  |
|  | 5. Demonstrated an understanding of any educational limitations due to the student’s disability and recommended appropriate accommodations (DSP&S). |  |
|  | 6. Demonstrated an understanding of the student’s educational limitations and/or financial disadvantages and counseled the student appropriately (EOPS). |  |

1. **Observation/Evaluation rating:**

(see below for guidelines)

The counselor:

[ ] Is exemplary

[ ] Surpasses requirements [ ] Meets all requirements

[ ] Does not consistently meet requirements [ ] Does not meet requirements

1. **Justification of Rating**

A rating of "Exemplary" or "Surpasses" is required for part-time faculty (who otherwise qualify) to gain entry into the Preferred Hiring Pool (see Article 30 of PFT contract). If you give a faculty member an evaluation rating of either "Exemplary" or "Surpasses" in part C, **you must** justify your rating, citing example(s) and/or specific factor(s). There is no "minimum" number of examples/factors that must be described **in this section** for a rating of "Exemplary" or "Surpasses." The requirement in this section is that the rating be clearly justified by the observer. Use additional page(s) if necessary.

Examples **may** include one or more of the following:

* + unique and extremely effective ways in which the counselor demonstrated her/his counseling skills
  + demonstration of exceptional knowledge base or application of knowledge base
  + particularly effective use of tools and/or resources
  + other areas in which the counselor excels

Specific factors **may** be -- but are not limited to -- attributes such as the ability to:

* + convey sensitivity, encouragement, and support when responding to the student’s needs
  + employ different counseling styles (directive, non-directive, behavioral, etc.) depending on the student’s needs
  + set limits, recognizing the importance of the student taking responsibility for their own actions and life
  + help the student see broad applications and implications for counseling issues in the student’s life Justify your rating. Please be as specific as possible:

***Signatures:***

Evaluator: Date:

Evaluee: Date:

The evaluee’s signature on this form does not constitute acceptance of this evaluation. The evaluee has the right to append his/her own written comments.

*Rev’d 1-24-12 for P-T & Ten. Evals.*