**PERALTA COMMUNITY COLLEGE DISTRICT**

**HEALTH SERVICES COORDINATOR (HSC) FACULTY OBSERVATION FORM**

 **COORDINATOR/COUNSELOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**College\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acad. Yr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Observer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Appropriate input regarding the Evaluee is encouraged through the appropriate representatives on the Committee. Individuals wishing to participate in the evaluation process should have direct knowledge of the Coordinator=s skills (e.g. have worked with or observed the Coordinator in committee work, department meetings, student contact, public contact, etc.).*

**1) The HSC demonstrates responsibility and accountability for day-to-day operation of Health Services Department.**

Comments:

**2) The HSC makes timely, effective decisions about provision of services, budget, employment of interns.**

Comments:

**3) The HSC effectively coordinates activities within the department and provides individual and group supervision.**

Comments:

**4) The HSC communicates effectively (both oral and written).**

Comments:

**5) The HSC demonstrates leadership qualities in the department for activities on and off campus.**

Comments:

**6) The HSC demonstrates sensitivity to diversity of staff and students (including ethnicity, gender, disability, religion, age, sexual orientation).**

Comments:

**7) The HSC encourages an environment conducive to collegiality.**

Comments:

**8) The HSC demonstrates knowledge specific to the operations of college programs for students with disabilities and/or students with educational/ financial disadvantage.**

Comments:

**9) The HSC maintains currency in the mental health or nursing field.**

Comments:

**10) The HSC regularly assesses and documents academic performance.**

 **COMMENTS:**

**Overall performance rating:**

\_\_\_\_**Superior** *surpasses requirements; exceeds expectations*

\_\_\_\_\_**Satisfactory** *meets all standards of excellence as described in the policy*

\_\_\_\_**Below Standards** *does not consistently meet requirements*

\_\_\_\_**Unsatisfactory** *does not meet requirements; ineffective*

***Observer*: *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.

Approved: 8/25/2016