

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 Evaluatee 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:** \_\_\_\_\_

**Evaluate:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

*Approved: 8/25/2016*