**PERALTA COMMUNITY COLLEGE DISTRICT**

**Health Services Coordinator—Faculty Observation Form**

**Counseling-focused Services**

Name of Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Name of Observer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following information is requested by the TRC/Evaluation Committee:

1. Counseling Activity: (circle all relevant topics)

*Note: No single counselor is expected to perform all of these tasks in any single observation period and it is*

*Understood that some counselor provide specialized services*.

a. Workshops

b. Service Coordination

c. Interaction with campus community

d. Interaction with community-based organizations

e. Event planning

f. Outreach

g. Committee participation

h. Program Development

i. In- service training

j. Other *(specify)*

1. Please check the appropriate line(s) to indicate which items were observed during the session.

|  |  |  |
| --- | --- | --- |
| X | Referring to the Health Services | Notes and Comments  Illustrating the Observation |
|  | 1. The counselor made participants feel comfortable and was attentive to his/her concerns. |  |
|  | 1. The counselor demonstrates adequate knowledge of subject matter. |  |
|  | 1. Demonstrates awareness of diversity. |  |
|  | 1. Works cooperatively with other staff and outside agencies. |  |
|  | 1. Effective verbal and written communication skills. |  |
|  | 1. Support materials (media, equipment, handouts) were appropriately and effectively used. |  |
|  | 1. Applies multi-cultural competencies as appropriate |  |
|  | 1. Demonstrates cultural humility in observed activities. |  |

1. In your opinion, what was most helpful/valuable in what you observed?
2. In your opinion, what could be more helpful?
3. Other observations:

|  |  |  |
| --- | --- | --- |
| **Check if**  **Applicable** |  | **Notes and Comments**  **Illustrating the Observation** |
|  | a. Assumes share of department/division responsibilities. |  |
|  | b. Participates in shared governance system;  chairs/serves on college/district committees |  |
|  | c. Works cooperatively with faculty, administrators, staff and students. |  |
|  | d. Provides appropriate in-service training and student advocacy on campus and in the community. |  |
|  | e. Handles conflict/stress situations appropriately. |  |
|  | f. Keeps office hours and is accessible to students. |  |
|  | g. Keeps current in the discipline (includes specialized information necessary to perform the duties of the position). |  |
|  | h. Performs and serves the college well in meeting its obligations to students. |  |
|  | i. Maintains appropriate files and completes mandated forms. |  |

**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*