

**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*)

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

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

3. In your opinion, what was most helpful/valuable in what you observed?

4. In your opinion, what could be more helpful?

5. Other observations:

| Check if<br>Applicable |  | Notes and Comments<br>Illustrating the Observation |
|------------------------|--|--|
|                        | a. Assumes share of department/division responsibilities.  |  |
|                        | b. Participates in shared governance system;<br>chairs/serves on college/district committees                                 |  |
|                        | c. Works cooperatively with faculty, administrators, staff<br>and students.  |  |
|                        | d. Provides appropriate in-service training and student<br>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<br>information necessary to perform the duties of the<br>position). |  |
|                        | h. Performs and serves the college well in meeting its<br>obligations to students.   |  |
|                        | i. Maintains appropriate files and completes mandated<br>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

