

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