PERALTA COMMUNITY COLLEGE DISTRICT COUNSELOR PERFORMANCE OBSERVATION

(By TRC / Evaluation Committee Member)

**Name of Counselor Date**

**Semester**

**Name of Observer College**

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

1. Counseling topic: (*check 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 counselors provide specialized services.*

* 1. Program/planning/scheduling of classes/major
	2. Degree/Certificate evaluation
	3. Probation progress counseling
	4. Transfer counseling
	5. Document preparation
	6. Career planning
	7. Personal counseling
	8. Information on other college services
	9. Referral to community resources, etc.
	10. Withdrawal from college
	11. Other (*specify*)
1. Please check the appropriate line to indicate which items were observed during the session.

|  |  |  |
| --- | --- | --- |
| **Check if Observed** |  | **Notes and Comments Illustrating the Observation** |
|  | The counselor made the student feel comfortable and was attentive to their concerns |  |
|  | The counselor helped the student to develop and clarify their own goals and take responsibility for working towards solutions. |  |
|  | The counselor provided the student with information on course requirements, prerequisites, etc., related to the student’s educational goals, career plans, interests, and/or abilities. |  |
|  | The counselor demonstrated adequate knowledge about degree, certificate, course, and/or transfer requirements. |  |
|  | The counselor informed the student of at least one of the college’s services, such as tutoring, financial aid, orientation, assessment, library services, EOPS, PACE, DSPS, etc. |  |

Please comment:

1. In your opinion, what in the counseling/advising session appeared to be most helpful to the student?
2. In what way could the counselor have been more helpful or effective to the student?
3. Other observations:

|  |  |  |
| --- | --- | --- |
| **Check if Applicable** | **The counselor……** | **Notes and Comments****Illustrating the Observation** |
|  | Assumes share of department/division responsibilities |  |
|  | Attends scheduled meetings, contributes, andparticipates in governance |  |
|  | Participates in shared governance system; chairs/serves on college/district committees |  |
|  | Works cooperatively with other faculty,administrators, staff and students. |  |
|  | Handles conflict/stress situationsappropriately. |  |
|  | Keeps office hours and is accessible tostudents. |  |
|  | Keeps current in the discipline. |  |
|  | Performs and serves the college well. |  |

1. **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 their own written comments.*

*c:DSPS-EOPS Coord-FacObs.10/00; Rev. 0902 Blue] c: Cnslr-TR Perf Observ.900; Rev. 0802 – [Blue]*