



Peralta Community College District

COUNSELING FACULTY OBSERVATION-EVALUATION FORM
(For PART-TIME, LTS and TENURED FACULTY)

Semester Academic Year Date of Observation/Evaluation

Name of Faculty Evaluatee College

Evaluator

General Instructions:

This form is for all part-time Counseling faculty observations/evaluations. Part-time Counseling faculty observation/evaluations must be conducted once every three years.

In order for an eligible part-time Counseling faculty member to enter the Preferred Hiring Pool, every box in Part A and appropriate sections of Part B below must be checked. Any blank box in Part A will eliminate a part-time faculty member from consideration for the Preferred Hiring Pool. (NOTE: Having every box checked in Part A does not guarantee entry into the Preferred Hiring Pool--it is simply a minimum requirement).

For initial entry into the Preferred Hiring Pool, in addition to the checked boxes and comments in Parts A and B, Parts C and D must be completed and the summary evaluation rating must be "surpasses" or "exemplary." In subsequent evaluations (after initial entry into the Preferred Hiring Pool), every box in Part A and appropriate sections of Part B must be checked and a summary evaluation rating must be at minimum "meets all requirements" for a part-time Counseling faculty member to remain in the Preferred Hiring Pool.

Prior to the observation/evaluation, the Observer/Evaluator shall meet to determine when to conduct the observation/evaluation.

Check the type of counseling session observed:

- Drop-in (should observe for minimum of one hour)
30-minute appointment
60-minute appointment
Other:

Purpose of the Session:

(i.e., ed plan development, transfer review, scheduling classes, graduation petition, etc.)

Four horizontal lines for writing the purpose of the session.

A. Counseling Skills

Check if Observed	Element	Comment on each Element (whether checked or not - required)
<input type="checkbox"/>	1. Emphasized confidentiality and demonstrated a variety of appropriate counseling skills including active listening, establishing rapport and developing trust, effective questioning, focused interviewing, reflecting content and feeling, and summarizing.	
<input type="checkbox"/>	2. Encouraged the student to develop and clarify his/her own goals and take responsibility for developing a plan of action.	
<input type="checkbox"/>	3. Promoted the student's independence and growth through counseling about key issues such as decision-making (including exploration of options), problem solving, and self-advocacy.	
<input type="checkbox"/>	4. Anticipated and explored questions, issues, and potential challenges for the student.	
<input type="checkbox"/>	5. Responded sensitively and appropriately to the differences, needs, and special circumstances of students from diverse backgrounds, including ethnicity, socio-economic status, religion, culture, education, (dis)ability, sexual orientation, and the like.	
<input type="checkbox"/>	6. Treated the student fairly and respectfully and, when appropriate, advocated on the student's behalf. Recognized the right of students to have points of view different from the counselor's.	

**B. Knowledge Base**

Check if Observed	Element	Comment on each Element (whether checked or not - required)
<input type="checkbox"/>	1. Provided student with accurate and timely information about assessment, prerequisites, degree and certificate programs, transfer requirements, and other key areas.	
<input type="checkbox"/>	2. Emphasized thoroughness and accuracy when completing graduation petitions and when developing educational, career, and other plans with student.	
<input type="checkbox"/>	3. Utilized a variety of campus, district, and/or community resources when making referrals to student, including financial aid, Library, Orientation, Learning Center, DSP&S, etc.	
<input type="checkbox"/>	4. Accessed and demonstrated print, electronic, and other information resources to provide current and timely service to student, including use of campus forms and adherence to campus/district deadlines and procedures.	
<input type="checkbox"/>	5. Demonstrated an understanding of any educational limitations due to the student's disability and recommended appropriate accommodations (DSP&S).	
<input type="checkbox"/>	6. Demonstrated an understanding of the student's educational limitations and/or financial disadvantages and counseled the student appropriately (EOPS).	

C. Observation/Evaluation rating:  
(see below for guidelines)

The counselor:

- Is exemplary
- Surpasses requirements
- Meets all requirements
- Does not consistently meet requirements
- Does not meet requirements

D. Justification of Rating

A rating of "Exemplary" or "Surpasses" is required for part-time faculty (who otherwise qualify) to gain entry into the Preferred Hiring Pool (see Article 30 of PFT contract). If you give a faculty member an evaluation rating of either "Exemplary" or "Surpasses" in part C, **you must** justify your rating, citing example(s) and/or specific factor(s). There is no "minimum" number of examples/factors that must be described **in this section** for a rating of "Exemplary" or "Surpasses." The requirement in this section is that the rating be clearly justified by the observer. Use additional page(s) if necessary.

Examples **may** include one or more of the following:

- unique and extremely effective ways in which the counselor demonstrated her/his counseling skills
- demonstration of exceptional knowledge base or application of knowledge base
- particularly effective use of tools and/or resources
- other areas in which the counselor excels

Specific factors **may** be -- but are not limited to -- attributes such as the ability to:

- convey sensitivity, encouragement, and support when responding to the student's needs
- employ different counseling styles (directive, non-directive, behavioral, etc.) depending on the student's needs
- set limits, recognizing the importance of the student taking responsibility for their own actions and life
- help the student see broad applications and implications for counseling issues in the student's life

Justify your rating. Please be as specific as possible:

Signatures:

Evaluator: \_\_\_\_\_ 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.*