**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 Evaluee 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:

1. **The HSC makes timely, effective decisions about provision of services, budget, employment of interns.**

Comments:

1. **The HSC effectively coordinates activities within the department and provides individual and group supervision.**

Comments:

1. **The HSC communicates effectively (both oral and written).**

Comments:

1. **The HSC demonstrates leadership qualities in the department for activities on and off campus.**

Comments:

1. **The HSC demonstrates sensitivity to diversity of staff and students (including ethnicity, gender, disability, religion, age, sexual orientation).**

Comments:

1. **The HSC encourages an environment conducive to collegiality.**

Comments:

1. **The HSC demonstrates knowledge specific to the operations of college programs for students with disabilities and/or students with educational/ financial disadvantage.** Comments:
2. **The HSC maintains currency in the mental health or nursing field.**

Comments:

1. **The HSC regularly assesses and documents academic performance.**

COMMENTS:

Overall ormance rating:

perf

\_\_\_

# \_**Superior** surpasses requirements; exceeds expectations



\_**Satisfactory** *meets all standards of excellence as described in the policy*

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\_**Below Standards** *does not consistently meet requirements*

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\_**Unsatisfactory** *does not meet requirements; ineffective*

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***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*