

OBSERVATION FORM

ACADEMIC/PSYCHOLOGICAL SERVICES COUNSELOR

NOTE TO OBSERVER: Review the counselor's duties and responsibilities PRIOR to your observation. Evaluate the counselor's performance and contact with counsees using specific, detailed examples.

OVERALL OBJECTIVE: To determine whether the counselor demonstrates proficiency in counseling services and interpersonal relations.

RATING KEY:

A. Exceeds Expectations    B. Meets Expectations    C. Needs Improvement    D. Unsatisfactory    E. Not Enough Information/Not Applicable

Counselor: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_    Scheduled Time: \_\_\_\_\_    Time Session Began: \_\_\_\_\_

Number of Counselee(s): \_\_\_\_\_    Session Location: \_\_\_\_\_

Type of Counseling Session Observed (e.g., General, TRIO, EOPS, Athletes, Transfer, Career, etc.): \_\_\_\_\_

Counseling Topics Covered (e.g., general education, schedule creation, SEP, transfer, graduation/certificate requirements, career/major, personal, probation/dismissal/retention, etc.): \_\_\_\_\_

RATING KEY:

A. Exceeds Expectations B. Meets Expectations C. Needs Improvement D. Unsatisfactory E. Not Enough  
Information/Not Applicable

Rated section	A B C D E	Comments or examples of behavior
1. <b>Expertise:</b> The counselor demonstrated counseling a. skills appropriate to the session.		
b. knowledge of current policies and requirements affecting counselee (e.g., entrance, graduation, etc.)		
c. accurate, up-to-date knowledge of careers, courses, articulation, and certificate/degree/transfer programs.		
2. <b>Responsiveness:</b> The counselor a. listened to/identified/helped to clarify the counselee's academic, personal, and career issues/concerns and was helpful in addressing her/his needs.		
b. was attentive to questions and comments.		
c. responded clearly and precisely to individual needs and special circumstances.		
d. prioritized issues/concerns and established tasks to be completed.		
e. guided the counselee's class selections and educational planning to address their needs/goals.		
f. adapted style of communication to counselee's developmental level.		

Rated section	A B C D E	Comments or examples of behavior
<p>3. <b>Referrals:</b> When appropriate, the counselor</p> <p>a. identified resources (such as pamphlets, books, counseling-related websites, and other tools).</p>		
<p>b. provided information about other student support services.</p>		
<p>c. applied knowledge of student support resources and procedures to access services and make appropriate referrals.</p>		
<p>d. collaborates with other staff and outside resources when needed.</p>		
<p>4. <b>Rapport:</b> The counselor conducted the session in a manner that established rapport with the counselee.</p>		
<p>5. <b>Time:</b> The counselor</p> <p>a. was on time for the scheduled appointment.</p>		
<p>b. demonstrated evidence of preparation and organization.</p>		
<p>c. used the allotted time productively.</p>		

Rated section	A B C D E	Comments or examples of behavior
<p><b>6. Communication with counselee:</b> Regardless of national origin, religion, age, gender, gender identity, gender expression, race or ethnicity, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, or pregnancy or because they are perceived to have one or more of the foregoing characteristics, or based on association with a person or group with one or more of these actual or perceived characteristics, the counselor:</p>		
<p>a. Actively and effectively listened to the counselee.</p>		
<p>b. Answered questions clearly.</p>		
<p>c. Provided counselee follow-up options.</p>		
<p>e. Maintained counselee confidentiality.</p>		
<p>f. Treated counselee respectfully and with sensitivity.</p>		
<p>g. Fostered a climate of respect and empathy.</p>		
<p><b>7. Critical Thinking and Independence:</b> The counselor encouraged critical thinking and independence. Ways to promote critical thinking include but are not limited to:  * Asking open-ended questions  * Promoting independent thinking and encouraging independent research of educational/career options.  Provide examples.</p>		

Rated section	A B C D E	Comments or examples of behavior
<b>8. For Psychological Services Counselors ONLY.</b>		
The Psychological Services Counselor		
a. demonstrated knowledge of crisis protocol.		
b. demonstrated awareness of signs and behaviors typical of a student in crisis and made appropriate referrals.		
c. created an appropriately structured setting and maintained the boundaries of the counseling relationship.		
d. provided accurate documentation and reporting of crisis situation.		
e. provided only those services and applied only those techniques for which she/he is qualified by education, training, or expertise.		

OVERALL PERFORMANCE RATING

- A. Exceeds expectations.
- B. Meets expectations.
- C. Needs improvement. (Improvement plan required. See Improvement Plan form.)
- D. Is unsatisfactory. (Improvement plan required. See Improvement Plan form.)

EVALUATOR COMMENTS:

I have met with the evaluatee and discussed the evaluatee's counseling observation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Evaluator

EVALUEE COMMENTS:

I have met with the evaluator and discussed my counseling observation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Evaluatee

STUDENT QUESTIONNAIRE

ACADEMIC COUNSELOR

Thank you for your participation in this short survey. All of the district's academic counselors are evaluated on a periodic basis, and yours is being evaluated today. We would appreciate your feedback on the counseling you received. Please respond honestly to the statements below and do NOT sign your name so that your comments remain anonymous.

Date: \_\_\_\_\_

Counselor's name: \_\_\_\_\_

1. The counselor was on time for my scheduled appointment.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree    Not Applicable

5       4       3       2       1       0

Comments:

2. The counselor was available during scheduled hours.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree    Not Applicable

5       4       3       2       1       0

Comments:

3. The counselor listened to and understood my questions and concerns.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree    Not Applicable

5       4       3       2       1       0

Comments:

4. The counselor was helpful and assisted me with answering my questions and identifying solutions to my concerns.

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree   Not Applicable

5    4    3    2    1    0

Comments:

5. The counselor was well organized and used the allotted time productively.

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree   Not Applicable

5    4    3    2    1    0

Comments:

6. The counselor reviewed my previous course work and/or placement test information prior to advising me on course selection.

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree   Not Applicable

5    4    3    2    1    0

Comments:

7. The counselor was courteous and professional and presented information in a clear and understandable manner.

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree   Not Applicable

5    4    3    2    1    0

Comments:

8. The counselor treated me fairly without regard to national origin, religion, age, gender, gender identity, gender expression, race or ethnicity, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, or pregnancy or because they are perceived to have one or more of the foregoing characteristics, or based on association with a person or group with one or more of these actual or perceived characteristics.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree    Not Applicable

5     4     3     2     1     0

Comments:

9. The counselor was well informed about the content of course offerings and helped me understand course prerequisites, if applicable.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree    Not Applicable

5     4     3     2     1     0

Comments:

10. The counselor assisted me in interpreting math, reading, and/or English placement test results and in identifying courses.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree    Not Applicable

5     4     3     2     1     0

Comments:

11. The counselor helped me in a clear and concise manner to plan my academic and career program that is consistent with my personal objectives.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree    Not Applicable

5     4     3     2     1     0

Comments:



12. The counselor assisted me in understanding requirements for graduation, transfer or certificate programs, if applicable, in an accurate, clear and concise manner.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree    Not Applicable  
 5     4     3     2     1     0

Comments:

13. The counselor referred me to campus and community support services for additional information and assistance, when appropriate.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree    Not Applicable  
 5     4     3     2     1     0

Comments:

14. The counselor was supportive and encouraging and showed genuine interest in assisting me. Overall, I felt comfortable with the counselor.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree    Not Applicable  
 5     4     3     2     1     0

Comments:

15. The counselor is someone I would recommend to others, and I would see this counselor again.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree    Not Applicable  
 5     4     3     2     1     0

Comments:

**IN ADDITION, PLEASE RESPOND TO THE FOLLOWING TWO QUESTIONS ON THE BACK OF THIS FORM:**

A. In what specific ways was this counselor/advisor most helpful to you?

B. What specific things might this counselor/advisor do to improve his/her counseling/advising?

STUDENT QUESTIONNAIRE

PSYCHOLOGICAL SERVICES COUNSELOR

Thank you for your participation in this short survey. All of the district's psychological services counselors are evaluated on a periodic basis, and yours is being evaluated today. We would appreciate your feedback on the counseling you received. Please respond honestly to the statements below and do NOT sign your name so that your comments remain anonymous.

Date: \_\_\_\_\_

Counselor's name: \_\_\_\_\_

I have had multiple sessions with this psychological services counselor. (Check one.):

Yes                  No

If yes, how many times? \_\_\_\_\_

1.        The psychological services counselor was on time for my scheduled appointment.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree    Not Applicable

5        4        3        2        1        0

Comments:

2.        The psychological services counselor was available during scheduled hours.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree    Not Applicable

5        4        3        2        1        0

Comments:

3.        The psychological services counselor had familiarized her/himself with my situation (if applicable) and listened to and understood my questions and concerns.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree    Not Applicable

5        4        3        2        1        0

Comments:

4. I am more satisfied with my current academic performance than I was when I began working with this psychological services counselor.

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree   Not Applicable

5    4    3    2    1    0

Comments:

5. I am more satisfied with my overall performance (employment, relationships, household chores, etc.) than when I began working with this psychological services counselor.

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree   Not Applicable

5    4    3    2    1    0

Comments:

6. The psychological services counselor was courteous and professional and presented information in a clear and understandable manner.

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree   Not Applicable

5    4    3    2    1    0

Comments:

7. The psychological services counselor treated me fairly without regard to national origin, religion, age, gender, gender identity, gender expression, race or ethnicity, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, or pregnancy or because they are perceived to have one or more of the foregoing characteristics, or based on association with a person or group with one or more of these actual or perceived characteristics.

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree   Not Applicable

5    4    3    2    1    0

Comments:

8. The psychological services counselor referred me to campus and community support services for additional information and assistance, when appropriate.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree    Not Applicable  
 5     4     3     2     1     0

Comments:

9. The psychological services counselor was supportive and encouraging and showed genuine interest in assisting me. Overall, I felt comfortable with the counselor.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree    Not Applicable  
 5     4     3     2     1     0

Comments:

10. The psychological services counselor is someone I would recommend to others, and I would see this counselor again.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree    Not Applicable  
 5     4     3     2     1     0

Comments:

11. Please indicate the overall quality of the psychological services received from this counselor.

Excellent    Very Good    Good    Satisfactory    Poor  
 5     4     3     2     1

Comments:

**IN ADDITION, PLEASE RESPOND TO THE FOLLOWING TWO QUESTIONS ON THE BACK OF THIS FORM:**

C. In what specific ways was this psychological services counselor most helpful to you?

D. What specific things might this psychological services do to improve his/her counseling?

PORTFOLIO REVIEW FORM

ACADEMIC/PSYCHOLOGICAL SERVICES COUNSELOR

College: \_\_\_\_\_ Division: \_\_\_\_\_  
Academic year of evaluation \_\_\_\_\_ Semester: \_\_\_\_\_  
Name of evaluatee: \_\_\_\_\_  
Name of evaluator: \_\_\_\_\_

*Please note that portfolios may be submitted in hard copy or as a PDF in a well-organized, comprehensible, and succinct manner and should include materials from both onsite and online classes.*

The portfolio contains the following items:

- key information handouts.
- representative projects (e.g., workshops, tutorials, etc.)
- evidence of professional development activities.
- evidence of feedback from constituency (e.g., emails, surveys, etc.). (Optional)
- statement of philosophy. (Optional)
- other information the evaluatee feels should be included to adequately describe the strategies employed in his or her job responsibilities. (Optional)

OVERALL PORTFOLIO RATING

- A. Exceeds expectations.
- B. Meets expectations.
- C. Needs improvement. (Improvement plan required. See Improvement Plan form.)
- D. Is unsatisfactory. (Improvement plan required. See Improvement Plan form.)

EVALUATOR COMMENTS:

I have met with the evaluatee and discussed the evaluatee's portfolio.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Evaluator

EVALUEE COMMENTS:

I have met with the evaluator and discussed my portfolio.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Evaluatee

MANDATORY SELF-ASSESSMENT FORM

ACADEMIC/PSYCHOLOGICAL SERVICES COUNSELOR

College: \_\_\_\_\_ Division: \_\_\_\_\_  
Academic year of evaluation \_\_\_\_\_ Semester: \_\_\_\_\_  
Name of evaluatee: \_\_\_\_\_

Provide the requested information since your last evaluation.

1. Describe or list ways you have participated in Department and/or Division activities.
  
2. Describe or list ways you have participated in College and/or District activities.
  
3. Describe or list how you have engaged in professional development related to discipline expertise and/or teaching techniques.
  
4. Identify any publications, presentations, and/or job-related community activities in which you have been engaged.
  
5. Describe or list ways you have participated in the development and assessment of Student Learning Outcomes (SLOs). SLO assessment may include but is not limited to faculty-faculty dialogue, working in professional organizations or groups, working with an institutional researcher, curriculum mapping as part of a retreat, reviewing curriculum for external organizations, addressing student equity questions, using student input through surveys, exams, exam analysis, and registering changes as a consequence.
  
6. Identify any awards, honors, and/or external evaluations you have received.
  
7. Provide information not addressed above.



DEAN/RESPONSIBLE ADMINISTRATOR'S ASSESSMENT OF  
PROFESSIONAL RESPONSIBILITIES FORM

ACADEMIC/PSYCHOLOGICAL SERVICES COUNSELOR

College: \_\_\_\_\_ Division: \_\_\_\_\_  
Academic year of evaluation \_\_\_\_\_ Semester: \_\_\_\_\_  
Name of evaluatee: \_\_\_\_\_  
Name of evaluator: \_\_\_\_\_

1. Evaluatee participates constructively in Division and Department meetings and other activities related to area of responsibility. (Optional for adjunct faculty.)
2. Evaluatee participates constructively on College-wide committees. (Optional for adjunct faculty.)
3. Evaluatee submits grades and other information in a complete, accurate, and timely manner.
4. Evaluatee collaborates well with and is respected by faculty, staff, and students.
5. Evaluatee fulfills professional responsibilities.
6. Evaluatee participates in professional growth activities.

OVERALL PERFORMANCE RATING

- A. Exceeds expectations.
- B. Meets expectations.
- C. Needs improvement. (Improvement plan required. See Improvement Plan form.)
- D. Is unsatisfactory. (Improvement plan required. See Improvement Plan form.)

EVALUATOR COMMENTS:

I have met with the evaluatee and discussed the evaluatee's classroom observation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Evaluator

EVALUEE COMMENTS:

I have met with the evaluator and discussed my classroom observation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Evaluatee

ADDITIONAL COMMENTS: