



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Human Resources
Evaluation: Counseling Faculty Performance Observation Form



(The observation of instruction form is required and must be forwarded to the supervisor)

Evaluee: Full-time Faculty Part-time Faculty
Location: Chabot College Las Positas College
Semester: Fall Spring Summer Year: _____

(Please Print)

Evaluee Name: _____ Date: ___/___/___

Evaluator Name: _____ Date: ___/___/___

Observation Date: ___/___/___ Observation Time: _____

Counseling Faculty standards

Counseling Faculty are expected to demonstrate a wide variety of counseling skills (listening and interviewing, trusting, encouraging, flexibility, resourcefulness, fairness) and counseling techniques while providing academic, career, and personal counseling services. Counseling Faculty are expected to demonstrate a professional degree of accuracy when providing information concerning college / university transfer, degree requirements, college / district regulations, procedures, and course curriculum information. Counseling Faculty standards include applying new technologies in delivering counseling services.

Performance observation

No single Counseling Faculty is expected to perform all of these tasks in any single observation period and it is understood that some counselors specialize in providing services to targeted populations of students.

I have read and received a copy of this observation of instruction. *

Counseling Faculty signature: _____ **Date:** ___/___/___

Evaluator signature: _____ **Date:** ___/___/___

***The instructor being observed has the right to append a statement to this observation.**

PART I – ACTIVITIES: DIRECTIONS TO OBSERVER

The observer will indicate which specific activities were covered during the observation session by checking the appropriate performance element(s) listed below, and rating the specific elements observed:

| Information Distribution Tasks | Skill Rating | | | | | | | |
|--|--------------|--------------|---|----------------|---|-------------------|---|----------------|
| | A | Satisfactory | B | Unsatisfactory | C | Needs Improvement | D | Not Applicable |
| 1. New student information | A | Satisfactory | B | Unsatisfactory | C | Needs Improvement | D | Not Applicable |
| 2. Course Selections | A | Satisfactory | B | Unsatisfactory | C | Needs Improvement | D | Not Applicable |
| 3. Course sequencing / prerequisites | A | Satisfactory | B | Unsatisfactory | C | Needs Improvement | D | Not Applicable |
| 4. Degree or certificate requirement | A | Satisfactory | B | Unsatisfactory | C | Needs Improvement | D | Not Applicable |
| 5. Graduation requirements | A | Satisfactory | B | Unsatisfactory | C | Needs Improvement | D | Not Applicable |
| 6. Transfer requirements | A | Satisfactory | B | Unsatisfactory | C | Needs Improvement | D | Not Applicable |
| 7. Other transfer requirements (CAP, TAA, DAP) | A | Satisfactory | B | Unsatisfactory | C | Needs Improvement | D | Not Applicable |
| 8. Information on other Colleges and services | A | Satisfactory | B | Unsatisfactory | C | Needs Improvement | D | Not Applicable |
| 9. Vocational/career information/ clarification | A | Satisfactory | B | Unsatisfactory | C | Needs Improvement | | Not Applicable |
| 10. Information and referrals to campus service area (i.e. Financial aid special programs, child center) | A | Satisfactory | B | Unsatisfactory | C | Needs Improvement | D | Not Applicable |
| 11. Personal issues | A | Satisfactory | B | Unsatisfactory | C | Needs Improvement | D | Not Applicable |
| 12. Use of technology that support counselor resources | A | Satisfactory | B | Unsatisfactory | C | Needs Improvement | D | Not Applicable |

The observer will respond in narrative to the activities observed during the counseling session.

PART II – NARRATIVE RESPONSE: DIRECTIONS TO OBSERVER

No single counselor is expected to perform all these tasks in any single observation period.

1. Listening and attentiveness.

Yes No Not Applicable

Comment(s):

2. Provided a comfortable environment that encourages student interaction.

Yes No Not Applicable

Comment(s):

3. Assisted in clarifying/defining student's questions/needs.

Yes No Not Applicable

Comment(s):

4. Introduced options for clarification while giving responsibility of decision making to student:

Yes No Not Applicable

Comment(s):

5. Flexible and resourceful in responding to student's questions.

Yes No Not Applicable

Comment(s):

6. Encouraged student in developing educational goals and alternatives.

Yes No Not Applicable

Comment(s):

7. Provided opportunity for student to express his/her concerns and opportunities for follow-up meetings as needed.

Yes No Not Applicable

Comment(s):

8. Helped student with unclear information and/or how to find further resources such as, but not limited to, occupational information, financial aid, graduation or transfer requirements referrals to special program areas (ex., psychology counseling course(s), library, etc.).

Yes No Not Applicable

Comment(s):

9. Provided information and access to resources about long-term personal counseling.

Yes No Not Applicable

Comment(s):

10. Other (please explain):

SECTION III: EVALUATOR NOTES AND SUMMARY COMMENTS

Please check one and summarized below:

Satisfactory Needs Improvement Unsatisfactory

Please describe at least one observed teaching strategy and one delivery method observed. For example, what did you observe to indicate the instructor helped students apply new concepts/ processes/skills? This is also the space for elaborating on the observation of instruction, noting strengths and suggestions related to the contract's standards for instruction and excellence in working with students, including accomplishing the course outline and including a summary of Student Response to Instruction.

| Summary Comments |
|------------------|
| |

SECTION IV: APPROPRIATE ADMINISTRATOR'S SUMMARY

Instructor' Name: _____ **W #** _____
(please print name)

Please check one and summarized below:

Satisfactory Needs Improvement Unsatisfactory

I have read and received a copy of this Administrative Summary and Evaluation.

Instructor signature: _____ **Date:** ____/____/____

Administrator signature: _____ **Date:** ____/____/____

*** The instructor being observed has the right to append a statement to this Administrative Summary and Evaluation.**

Below is the space for the appropriate Administrator to provide a final summary and overall evaluation on Faculty based on:*

- (1) Applicable contractual faculty standards, including:
 - Fulfillment of collegial responsibilities (14F.3, 14G.4, 14H.3, 14I.3)
 - Excellence in working with students (15C.2)
 - Participate in program and subject area improvement tasks (15C.5c)
 - Meet deadlines and submittal of grades and Census Reports (15C.5d)
 - Meet additional specific standards for instructional faculty (15C.6, 15C.7, 15C.8, 15C.9);

- (2) Part-time Faculty member's participation in professional responsibilities as described below:
18I.7c.1 Participate in program and subject area improvement tasks such as creating and assessment of Student Learning Outcomes (SLOs), Service Area Outcomes (SAOs), Course Learning Outcomes (CLOs) and Program Learning Outcomes (PLOs), program review, and curriculum development.

| |
|--|
| Summary Comments (Attach extra sheets if necessary) |
| |

Reference: Article 14B.3, 14F.2b, 14F.3, 14G.4, 14H.3, 14I.3, 15B.3, 15F.2a, 15F.2a2, 15G.2, 18I.1c – Faculty Collective Bargaining Agreement

If additional space is needed, please use an additional piece of paper noting the section and question number.