

Administrative Evaluation Form for Counseling Faculty

Faculty Name	Employee Number	Campus
Department Name	Date of Evaluation	Date of Conference(s)

Attach additional sheet(s) if needed

1. KNOWLEDGE OF SUBJECT AREA:

This category addresses the counselor's knowledge of the counseling process. It includes knowledge of current trends in the field of counseling, policies and requirements affecting students, and current counseling resources.

Rating:

- ☐ Meets/Exceeds Expectations
- ☐ Need to Improve
- ☐ Unsatisfactory
- ☐ No Basis for Judgment

Describe/summarize input from Peer Evaluation, appropriate individuals as designated by the faculty member and/or administrator, any other data collected, and how the input was collected.

Goals and time line for improvement:

2. EFFECTIVENESS:

This category includes communicating clearly and effectively with students, maintaining student confidentiality, demonstrating respect for students in general, setting an atmosphere of trust and sensitivity, and motivating students to persevere, while providing tools for student success. It also includes contributing to faculty committees and interacting effectively with peers.

Rating:

- ☐ Meets/Exceeds Expectations
- ☐ Need to Improve
- ☐ Unsatisfactory
- ☐ No Basis for Judgment

APPENDIX C – SECTION II

Describe/summarize input from Peer Evaluation, appropriate individuals as designated by the faculty member and/or administrator, any other data collected, and how the input was collected.

Goals and time line for improvement:

3. PERFORMANCE OF RESPONSIBILITIES:

This category includes issues such as demonstrating the ability to work cooperatively with colleagues and staff within the department, adhering to established work hours, accepting constructive criticism, and submitting required records and reports in a timely manner.

Rating:

- ☐ Meets/Exceeds Expectations
- ☐ Need to Improve
- ☐ Unsatisfactory
- ☐ No Basis for Judgment

Describe/summarize input from Peer Evaluation, appropriate individuals as designated by the faculty member and/or administrator, any other data collected, and how the input was collected.

Goals and time line for improvement:

4. PARTICIPATION IN PROFESSIONAL GROWTH ACTIVITIES:

This category includes a demonstration of the counselor's willingness to continue to improve their professional effectiveness and participate in professional growth activities. Suggestions for Professional Development are included if relevant.

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Rating:

- ☐ Meets/Exceeds Expectations
- ☐ Need to Improve
- ☐ Unsatisfactory
- ☐ No Basis for Judgment

Describe/summarize input from Peer Evaluation, appropriate individuals as designated by the faculty member and/or administrator, any other data collected, and how the input was collected.

Goals and time line for improvement:

5. OVER-ALL EVALUATION: (use additional sheet if necessary)

Describe special abilities warranting exceptional recognition in detail. Describe specific examples that support a rating of *Unsatisfactory* or *Needs to Improve*.

Rating:

- ☐ Meets/Exceeds Expectations
- ☐ Need to Improve
- ☐ Unsatisfactory

Summary:

APPENDIX C – SECTION II

I recommend this employee:

- ☐ be continued in service
- ☐ be continued in service contingent upon needed improvements as noted.
- ☐ Date for follow-up to the Administrative Evaluation: _____
- ☐ not be continued in service

Dean signature: _____ Date: _____

Vice President or designee: _____ Date: _____

President Signature: _____ Date: _____

I have received a copy of this evaluation but my signature does not necessarily indicate my agreement. I understand that I have ten (10) working days from the date of this report to have a written statement attached to this evaluation before it is sent to my personnel file in the Human Resources Division.

Faculty signature: _____ Date: _____

Witness signature: _____ Date: _____