

Santa Clarita Community College District
COLLEGE OF THE CANYONS
Evaluation Report
For
Full-time
Counseling Faculty

Counseling Faculty _____ Evaluation Date _____

Work Setting/Position _____

Name of Evaluator _____

Directions: Circle the appropriate number for each item evaluated. Comments should detail specific items in support of your numerical assignment and may include suggestions for improvement. Evaluation should include review of materials and assessment instruments if appropriate.

A. Knowledge of Subject Matter 1 2 3 4 5 N/A

5 - Demonstrates a command of the material including professional technology, college resources, college policies/procedures, programs/course offerings, and transfer requirements

3 - Demonstrates an understanding of the material for the assignment

1 - Does not appear to have an adequate background for the position

Comments: _____

B. Clear Objectives 1 2 3 4 5 N/A

5 - Demonstrates thorough preparation and provides clearly defined objectives.

3 - Demonstrates preparation for the assignment; some objectives apparent.

1 - Demonstrates no evidence of preparation for the assignment and/or objectives not apparent.

Comments: _____

F. Good Time Management 1 2 3 4 5 N/A

5 – Time is managed well

3 – Appointment/presentation goes beyond time allocated or necessary.

1 – No apparent awareness of time or poor use of time

Comments: _____

G. Student Records 1 2 3 4 5 N/A

5 – Accurately and completely maintains student records utilizing department mandated technology.

3 – Adequately maintains student records utilizing department mandated technology.

1 – Insufficiently maintains student records utilizing department mandated technology.

Comments: _____

H. Rapport with Students 1 2 3 4 5 N/A

5 – Understands student concerns by using active listening skills such as clarification, summarization, and paraphrasing

3 - Uses limited, but adequate, techniques to understand student concerns

1 - Does not attempt to understand student concerns

Comments: _____

I. Sensitivity to Student Needs 1 2 3 4 5 N/A

5 – Responds to student with empathy and a friendly, helpful, approachable manner

3 - Responds to student occasionally with empathy and with adequate approachability

1 – Does not respond to the student with empathy, seems distant and not willing to help

Comments: _____

J. Overall Assessment of Performance 1 2 3 4 5 N/A

5 - Highest performance.

4 - Good performance.

3 - Average performance.

2 - Below average performance.

1 - Unsatisfactory performance.

Comments: _____

Evaluation of Additional Criteria:

Please include comments, if appropriate, concerning respect for students, respect for and communication with colleagues, cooperation/participation in achieving Counseling Department goals professional growth activities, relevant college-wide activities/committees, community involvement and/or student activities, and/or other professional responsibilities. Attach additional pages if needed.

Signature of Evaluator

Signature of Evaluatee

Note: Evaluatee's signature does not necessarily imply agreement. It is merely an acknowledgment that the complete report has been read. Evaluatee may submit a written reaction within ten working days of receipt of this evaluation report. The written statement will be filed with this classroom visitation report.

Administrative acknowledgement of receipt _____