**PALOMAR COLLEGE**

 **Part-Time Counseling Faculty Review Report**

Part-Time Counseling Faculty Evaluee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester/Year of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After reviewing student evaluations, the classroom observation form, and the Department Chair’s form, the Evaluator (Department Chair/Director/Designee) will complete the following report. A copy of this signed Evaluation Report, along with the other materials noted on the Evaluations Checklist, must be given to the evaluee, and another copy must be sent to the TERB Office. Evaluees have 10 business days; beginning on the date the report was signed by the evaluee, to add a response to their evaluation by sending it to the TERB Office (AA-112). After the 10-day comment period, this report and any evaluee comments become part of the evaluee’s personnel file maintained in the Human Resources Office.

***Definitions of evaluation categories:***

*(Standards of Performance for Faculty, Faculty Manual)*

***High Professional Performance*** *-**Frequently exceeds accepted standards of professional performance. (Check this box when the instructor's professional performance is beyond what is reasonably expected.)*

 ***Standard Professional Performance*** *- Regularly meets accepted standards of professional performance. (This is the standard of performance that is expected of all instructors when they are hired and they are expected to maintain this level of performance throughout their tenure at Palomar College.)*

 ***Performance Needs Improvement*** *- Does not consistently meet accepted standards of professional*

 *performance.*

 ***Unsatisfactory Performance*** *- Does not meet minimal standards of professional performance.*

**Comments are required for all questions.**

1.The counselor demonstrates depth of knowledge, experience, and competency in academic, career and personal counseling.

 [ ]  High Professional Performance [ ]  Standard Professional Performance

 [ ]  Needs Improvement [ ]  Unsatisfactory Performance

 **Comments**:

2.The counselor demonstrates accuracy and currency in academic and career advising and proficiency in integrating relevant material, resources, and ideas into the counseling session.

 [ ]  High Professional Performance [ ]  Standard Professional Performance

 [ ]  Needs Improvement [ ]  Unsatisfactory Performance

 **Comments**:

3.The counselor presents and communicates information in a clear, well-organized and informative manner, using appropriate methods and materials.

 [ ]  High Professional Performance [ ]  Standard Professional Performance

 [ ]  Needs Improvement [ ]  Unsatisfactory Performance

 **Comments:**

4.The counselor demonstrates effectiveness in advising and counseling students in the areas of career and life goals and educational objectives.

 [ ]  High Professional Performance [ ]  Standard Professional Performance

 [ ]  Needs Improvement [ ]  Unsatisfactory Performance

 **Comments:**

5.The counselor establishes rapport with the student by demonstrating interest, enthusiasm and patience, showing respect for the student, and engaging the student in the counseling session.

 [ ]  High Professional Performance [ ]  Standard Professional Performance

 [ ]  Needs Improvement [ ]  Unsatisfactory Performance

 **Comments:**

**Summary Comments: (Required)**

**Overall Recommendation: (Required)**

[ ]  High Professional Performance

[ ]  Standard Professional Performance

[ ]  Performance Needs Improvement

[ ]  Unsatisfactory Performance

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**Administrative Signature**

My signature acknowledges that I have read the Part-time Faculty Evaluation Review Report.

Division Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

My signature acknowledges that I have read the Part-time Faculty Evaluation Review Report.

Vice President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

**Evaluation Meeting Confirmation:**

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Length of Meeting with Evaluee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signatures**

Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_
 (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_ Date: \_\_\_\_\_\_\_\_\_\_
(print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature acknowledges that I have read and received a copy of the evaluation. It does not mean that I agree or disagree with this evaluation. I am aware that within ten business days of reviewing the report with the Evaluator, I have the right to submit a response to this evaluation. I am also aware that this evaluation and my response, if any, will become part of my personnel file maintained by Human Resource Services.

Part-Time Faculty Evaluee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_
(print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tenure and Evaluations Review**

Tenure and Evaluations

Review Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Department Chair Form

**Palomar College**

**Part-Time Counseling Faculty Evaluation**

**Department Chairs:** Please complete this form as a component of the evaluation of the part-time faculty member named below. If you have designated another full-time faculty member as the Evaluator, please give the completed form to your designee for inclusion in the evaluative materials.

Name of Evaluee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The counselor adheres to the weekly schedule of appointments submitted to the department chair or director. For example, the counselor is on time and notifies the appointment desk in a timely manner when unable to meet his/her scheduled shift.

[ ]  High Professional Performance [ ]  Standard Professional Performance

[ ]  Needs Improvement [ ]  Unsatisfactory Performance

**Comments** (if performance is Needs Improvement or Unsatisfactory, comments are required)**:**

1. The counselor adheres to department procedures and is responsive to communications from the department.

[ ]  High Professional Performance [ ]  Standard Professional Performance

 [ ]  Needs Improvement [ ]  Unsatisfactory Performance

**Comments** (if performance is Needs Improvement or Unsatisfactory, comments are required):

1. The counselor participates appropriately in the Service Area Outcomes Assessment Cycle.

 Yes: \_\_\_\_\_\_\_ No:\_\_\_\_\_\_\_\_\_

 **Comments** (if the response is negative, comments are required):

Signature:

Department Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
(print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_