**PALOMAR COLLEGE**

 **COUNSELOR TENURE AND EVALUATIONS REVIEW REPORT**

[ ]  1st year report [ ]  2nd year report [ ]  3rd year report [ ]  4th year report

Probationary Counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When the committee members are finished reviewing and discussing each component of the evaluation the committee chair will complete the **Counselor Tenure and Evaluations Review Report**. The various components will include: a. Self-Evaluation Form b. Professional Development Contract

c. Course materials d. Student evaluations e. Classroom or workplace observations f. Letter from department chair/program director g. Supervisor evaluation (if appropriate). Please attach supporting documents. In your comments, please do not refer to the student evaluation questions by number. This report will eventually be a stand-alone document. The student evaluations will not accompany this report, so referring to the student evaluation questions by number (rather than in words) will not be descriptive.

***Definitions of evaluation categories:***

*(Standards of Performance for Faculty)*

 ***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 counselors 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 his/her field.

 [ ]  High Professional Performance [ ]  Standard Professional Performance

 [ ]  Needs Improvement [ ]  Unsatisfactory Performance

 **Comments:**

2.The counselor demonstrates currency in subject area and proficiency in integrating new material, techniques, and ideas into the workplace.

 [ ]  High Professional Performance [ ]  Standard Professional Performance

 [ ]  Needs Improvement [ ]  Unsatisfactory Performance

 **Comments:**

3.The counselor presents or communicates information fairly and objectively.

 [ ]  High Professional Performance [ ]  Standard Professional Performance

 [ ]  Needs Improvement [ ]  Unsatisfactory Performance

 **Comments:**

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

 [ ]  High Professional Performance [ ]  Standard Professional Performance

 [ ]  Needs Improvement [ ]  Unsatisfactory Performance

 **Comments:**

5.The counselor demonstrates effectiveness in advising and counseling students in the areas of career goals, degree objectives and life values.

 [ ]  High Professional Performance [ ]  Standard Professional Performance

 [ ]  Needs Improvement [ ]  Unsatisfactory Performance

 **Comments:**

6.The counselor who performs an administrative or supervisory service as part of his/her contract demonstrates skillful maintenance of the program or organization, asserting leadership and effectiveness in stimulating useful changes and improvements in that area of responsibility.

 [ ]  High Professional Performance [ ]  Standard Professional Performance

 [ ]  Needs Improvement [ ]  Unsatisfactory Performance

 **Comments:**

7.The counselor is effective in relating to students and colleagues in ways which lead to their enhanced growth and productivity.

 [ ]  High Professional Performance [ ]  Standard Professional Performance

 [ ]  Needs Improvement [ ]  Unsatisfactory Performance

 **Comments:**

8.The counselor demonstrates commitment to the college community and teaching by participation in departmental meetings and activities, membership on campus committees and a willingness to work cooperatively with others.

 [ ]  High Professional Performance [ ]  Standard Professional Performance

 [ ]  Needs Improvement [ ]  Unsatisfactory Performance

 **Comments:**

9.The counselor demonstrates continued professional growth by participation in professional activities such as research, coursework, professional meetings, exhibits, publication, or community involvement.

 [ ]  High Professional Performance [ ]  Standard Professional Performance

 [ ]  Needs Improvement [ ]  Unsatisfactory Performance

 **Comments:**

10.The counselor adheres to the weekly schedule of appointments submitted to the department chairperson.

 [ ]  High Professional Performance [ ]  Standard Professional Performance

 [ ]  Needs Improvement [ ]  Unsatisfactory Performance

 **Comments:**

11. The counselor participates appropriately in the development and assessment of student learning and/or service area outcomes, as determined by the department.

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

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

12. **Summary Comments and Recommendations:**

**Overall Recommendation:**

[ ]  High Professional Performance

[ ]  Standard Professional Performance

[ ]  Performance Needs Improvement

[ ]  Unsatisfactory Performance

1st Year [ ]  Rehire [ ]  Do not rehire

2nd Year [ ]  Rehire [ ]  Do not rehire

3rd Year [ ]  Satisfactory [ ]  Unsatisfactory

4th Year [ ]  Rehire/Grant Tenure [ ]  Do not rehire/Deny Tenure

**Vice President of Student Services Signature** (comments are optional)

**Instructions:** Please check one box and then sign the report. If there are concerns with the report, please check the third box and alert the Tenure and Evaluations Coordinator.

[ ] By signing, I affirm that I was ***not*** a member of this Tenure and Evaluations Committee and that I have read this report

[ ] By signing, I affirm that I was a member of this Tenure and Evaluations Committee and that I have read this report

Vice President for Student Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Comments:

 [ ] I was ***not*** part of this Tenure and Evaluations Committee, and I am requesting a follow-up meeting with the committee before signing this report.

**Tenure and Evaluation Committee Signatures** (comments are optional)

 Committee Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

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

 Comments:

 Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

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

 Comments:

 Outside Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

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

 Comments:

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

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

 Comments:

**Evaluation Meeting Confirmation:**

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

**Evaluee Signature**

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 Tenure Evaluation Committee Chair, 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.

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

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

 Comments:

**Tenure and Evaluations Coordinator Signature**

 Tenure and Evaluations

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