SUFFOLK COMMUNITY COLLEGE

FORM B2

EVALUATION OF COUNSELING FACULTY

Name of Faculty Member ________________________________ Rank ____________________

Department/Area ________________________________________ Campus ________________

Name and Title of Evaluator ______________________________

Date and Time of Observation ______________________________

Date of Post-Observation Conference _________________________

Indicate type of student development activity observed (e.g., individual or group counseling session, seminar, workshop, training program, organizational/planning meeting, etc.)

General description of activity (e.g., setting, content, purpose, focus, number and type of participants, etc.)

S.C.C. #1137 (6/95)
Comment on the following, including general observations, strengths, areas for improvement and specific recommendations, as appropriate.

- Ability to work cooperatively with colleagues, staff, and faculty
- Organizational ability
- Commitment, motivation, attitude
- Initiative, follow through, dependability

A summary of this faculty member's performance in this area would be

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very Good</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
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Comment on the following, including general observations, strengths, areas for improvement and specific recommendations, as appropriate.

- Effectiveness in working with students within areas of responsibility
- Knowledge of campus/community resources
- Knowledge of counseling/student development theory
- Professionalism, adherence to ethical standards
- Ability to work with students from diverse backgrounds

A summary of this faculty member's performance in this area would be

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<tr>
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Comment on the following, including general observations, strengths, areas for improvement and specific recommendations, as appropriate.

- Overall performance of professional responsibilities

- Service to the College/community
- Professional development

I understand that I may file a written reply to any portions of this report, and that the reply will be attached to this report.

I understand that my signature on this report does not constitute agreement or disagreement with the contents.

Faculty signature ___________________________ Date __________________

Evaluator signature ___________________________ Date __________________

Comments attached
SUFFOLK COMMUNITY COLLEGE

FORM B2

OPTIONAL FACULTY RESPONSE

(Use additional paper if necessary; please be sure to include the following information)

Name of Faculty Member ________________________________ Rank __________________

Department/Area ________________________________________ Campus ____________

Name and Title of Evaluator __________________________________________

Date and Time of Observation _________________________________________

Date of Post-Observation Conference ____________________________________