

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.)

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

Excellent

Very Good

Satisfactory

Needs Improvement

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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

Excellent

Very Good

Satisfactory

Needs Improvement

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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 _____