

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
()

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
()

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

- Overall performance of professional responsibilities

SUFFOLK COMMUNITY COLLEGE

FORM B2

OPTIONAL FACULTY RESPONSE