



Counselor Evaluation Summary

To be completed by Campus Dean of Student Services

Counselor _____ Semester/Year _____

Campus _____ Date _____

		<u>Excellent</u>	<u>Very Good</u>	<u>Meets Standards</u>	<u>Needs Improvement</u>	<u>Unacceptable</u>	<u>N/A</u>
I. Portfolio	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Evaluation Components							
A. Professional Standards		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Student Evaluations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Counseling		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Advising		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Instruction		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Professional Service		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Professional Development		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Community Outreach/Service		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Initiatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Campus Dean's Observation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of Observation _____ Date _____

K. Overall Rating

L. Strengths

M. Areas Needing Improvement

III. Action Plan *Specific action to be taken by employee and/or supervisor to improve performance.*

Action	Resource	By Whom	Target Date

Type of Review Probationary Annual Separation Other

Next Contract Length One year Three Years *Any contract length other than three years consti
Probationary Status except for new Counselors.
Reference: Board Policy F4-Faculty Appointment*

Campus Dean of Student Services Comments

Campus Dean of Student Services' Signature Date

Counselor Comments

Counselor's Signature Date

- I have discussed this evaluation with my immediate supervisor.
- I would like a conference with the AVP.

AVP Comments

AVP's Signature Date

Distribution:
Original – AVP for submission to Human Resources
Copy – Campus Dean of Student Services
Copy – Counselor