# PERALTA COMMUNITY COLLEGE DISTRICT

**DSPS / EOPS COUNSELOR -- FACULTY OBSERVATION FORM**

## Name of DSPS / EOPS Counselor College

**Name of Observer Semester Date**

#### The following information is requested by the TRC / Evaluation Committee:

1. Counseling topic: (*check all relevant topics*)

##### ***Note****: No single counselor is expected to perform all of these tasks in any single observation period* and it is understood that some counselors provide specialized services.

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* 1. Program/planning/scheduling of classes/major
  2. Degree/Certificate evaluation
  3. Probation progress counseling
  4. Transfer counseling
  5. Document preparation
  6. Career planning
  7. Personal counseling
  8. Information on other college services
  9. Referral to community resources, etc.
  10. Withdrawal from college
  11. Prospective student
  12. Disability accommodations
  13. Applicable laws; student rights and responsibilities
  14. Other (*specify*)

#### Please check the appropriate line to indicate which items were observed during the session.

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| --- | --- | --- |
| √ | **Referring to the DSPS / EOPS Counselor,** | **Notes and Comments Illustrating the Observation** |
|  | a. The counselor made the student feel comfortable and was  attentive to their concerns. |  |
|  | b. The counselor helped the student to develop and clarify their own goals and take responsibility for working towards  solutions. |  |
|  | c. The counselor provided the student with information on course requirements, prerequisites, etc., related to the student’s educational goals, career plans, interests, and/or  abilities. |  |
|  | d. The counselor demonstrated adequate knowledge about  degree, certificate, course, and/or transfer requirements. |  |
|  | e. The counselor informed the student of at least one of the college’s services, such as tutoring, financial aid, orientation,  assessment, library services, EOPS, DSPS, PACE, etc. |  |
|  | f. The counselor demonstrated an understanding of educational limitations of student’s disability and/or educational/financial disadvantage and recommended  appropriate accommodations/referrals. |  |

1. In your opinion, what in the counseling/advising session appeared to be most helpful to the student?
2. In what way could the counselor have been more helpful or effective to the student?
3. Other observations:

|  |  |  |
| --- | --- | --- |
| Check if Applicable |  | **Notes and Comments**  **Illustrating the Observation** |
|  | a. Assumes share of department/division responsibilities |  |
|  | b. Attends scheduled meetings, contributes, and participates in governance |  |
|  | c. Participates in shared governance system; serves on college/district committees |  |
|  | d. Works cooperatively with faculty, administrators, staff and students. |  |
|  | e. Provides appropriate in-service training and student advocacy on campus and in the community. |  |
|  | f. Handles conflict/stress situations appropriately. |  |
|  | g. Keeps office hours and is accessible to students. |  |
|  | h. Keeps current in the discipline (includes specialized information necessary to perform the duties of the  position). |  |
|  | i. Performs and serves the college well in meeting its obligations to students. |  |
|  | j. Maintains appropriate files and completes mandated forms. |  |

**Overall performance rating:**

**Superior** *surpasses requirements; exceeds expectations*

**Satisfactory** *meets all standards of excellence as described in the policy*

**Below Standards** *does not consistently meet requirements*

**Unsatisfactory** *does not meet requirements; ineffective*

### *Observer: Date:*

***Evaluee: Date:***

##### *The evaluee’s signature on this form does not constitute acceptance of this evaluation. The evaluee has the right to* append their own written comments.

*c::DSPS-EOPS Cnsl-FacObs.10-00; Rev. 0902 [Blue]*