

Counselor Performance Review



Name: _____ Employee ID #: _____

Department/Discipline: _____ Date(s) of Review: From _____ To _____

Tenure-Track Contract Year 1 2 3 4 Tenured Adjunct Temporary/LTT Other

Please check the appropriate box which best describes the employee's performance:

PROFESSIONAL RESPONSIBILITIES

	Satisfactory	Needs Improvement	Unsatisfactory
1. Communicates clearly, and effectively with students and other members of the college community, both in-person and digitally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Adjusts counseling approaches to meet the diverse needs of students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provides clear information and guidance to students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Promotes an inclusive environment that is free from harassment, prejudice, or discrimination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is approachable by students and helps them to feel comfortable asking for assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Interacts with students and colleagues across employee groups respectfully, positively, and constructively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Develops appropriate and accurate information for students, including education plans, academic petitions, informative multi-media/handouts, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Maintains current knowledge of field in performance of assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Demonstrates evidence of preparation in area of assignment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Demonstrates evidence of participation in professional growth and development activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Demonstrates evidence of participation in college service activities. <i>(Not required for adjunct faculty)</i> . Flex activities meet a contractual obligation and are not considered college service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Participates in peer review process and serves on peer review committees when requested <i>(not required for adjunct faculty)</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Meets obligations on time (e.g., student appointments, schedules, student follow-up etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Demonstrates flexibility in providing coverage to meet the needs of the department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Meets required schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Rating <i>(Must be consistent with the factor rating, although there is no prescribed formula for compiling the overall rating.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOURCES OF INFORMATION ON WHICH REVIEW IS BASED

- Self-Study
- Student Evaluation of Faculty Performance
- Worksite/Classroom Observation
- Other: _____

COMMENTS

As performance review is a continuous process, recommendations and commendations should be reduced to writing in the space below. If necessary, provide additional comments and/or recommendations for improvement on a separate sheet of paper and attach it to this document. **Specific recommendations for improvement must be given for each number listed in the PROFESSIONAL RESPONSIBILITIES section above marked "Unsatisfactory" or "Needs Improvement."**

RECOMMENDATION OF PERFORMANCE REVIEW COMMITTEE

- Tenured Faculty**
- Faculty member has successfully completed their performance review. Next review date (3 years): _____
- Faculty member will be reviewed again within the next two semesters to review progress made on recommendations above.

Tenure-Track Faculty
(Note: An overall rating of "Needs Improvement" or "Unsatisfactory" for tenure-track faculty may lead to a recommendation to not be offered a subsequent contract or not be granted tenure.)

- 1st year review; offered a second-year contract. Not offered a contract.
- 2nd year review; offered a third- and fourth-year contract. 3rd year review
- 4th year review; granted tenure. Not granted tenure.

- Adjunct Faculty**
- Rehired for service as needed. 1st semester review 2nd semester review Regular review (every 6 semesters)

Peer Evaluator #1: _____ Peer Evaluator #2: _____

Employee Signature: _____ Date: _____
(I understand that I may submit a written statement to the Human Resources Office that will be attached to this performance review.)

Administrator Signature: _____ Date: _____