

Appendix L.2 Counselor Self Evaluation

Name _____

Date _____

Once completed by the evaluatee, this self-evaluation is to be given to the Counselor serving on the Evaluation Team and the Dean and is in addition to the standard Faculty Self-evaluation form (Appendix L.1)

Rate the function in each of the following categories:	Circle the most appropriate response						COMMENTS
	Excellent	Good	Acceptable	Below Average	Poor	Does Not Apply	
1. Educational Advising a. A.S./A.S./Occupational	5	4	3	2	1	X	
b. Transfer	5	4	3	2	1	X	
2. Career Counseling & Guidance Activities	5	4	3	2	1	X	
3. Personal Problem Counseling	5	4	3	2	1	X	
4. Liaison with: a. Instructional Division & Depts.	5	4	3	2	1	X	

b. Administrative & Support Staff	5	4	3	2	1	X	
c. Community including High Schools & Universities	5	4	3	2	1	X	
d. Making Referrals & Follow-up	5	4	3	2	1	X	
5. Group Counseling & Guidance a. Classes Taught	5	4	3	2	1	X	
b. Workshops, etc.	5	4	3	2	1	X	
c. Orientations (Matriculation)	5	4	3	2	1	X	
6. Rapport with Students (including culturally diverse, disabled, re-entry, etc.)	5	4	3	2	1	X	