

Appendix L.3
Counselor Peer Evaluation

*This form is to be used in place of Appendix N. Evaluation Team Classroom
or Worksite Observation/Evaluation Form.*

Name of Evaluatee: _____

Date: _____

1. JOB FUNCTIONS (i.e. academic transfer, A.A./A.S., career/vocational, groups, classes, personal, special assignments, and D.S.S.). Duties:

2. COMMUNICATION SKILLS WITH EACH OTHER: (i.e. clarity, speaking, communicating about issues, and resolving issues).

3. AVAILABILITY TO EACH OTHER: (i.e. cooperation, support in terms of dealing with a crisis, punctuality, and accountability).

4. SUGGESTIONS AND RECOMMENDATIONS FOR GROWTH AND DEVELOPMENT:

Date

Signature of Team Member