

# SUFFOLK COMMUNITY COLLEGE

## FORM B2

### EVALUATION OF COUNSELING FACULTY

Name of Faculty Member \_\_\_\_\_ Rank \_\_\_\_\_  
Department/Area \_\_\_\_\_ Campus \_\_\_\_\_  
Name and Title of Evaluator \_\_\_\_\_  
Date and Time of Observation \_\_\_\_\_  
Date of Post-Observation Conference \_\_\_\_\_

Indicate type of student development activity observed (e.g., individual or group counseling session, seminar, workshop, training program, organizational/planning meeting, etc.)

General description of activity (e.g., setting, content, purpose, focus, number and type of participants, etc.)

Comment on the following, including general observations, strengths, areas for improvement and specific recommendations, as appropriate.

- Ability to work cooperatively with colleagues, staff, and faculty
- Organizational ability
- Commitment, motivation, attitude
- Initiative, follow through, dependability

A summary of this faculty member's performance in this area would be

Excellent  
( )

Very Good  
( )

Satisfactory  
( )

Needs Improvement  
( )

Comment on the following, including general observations, strengths, areas for improvement and specific recommendations, as appropriate.

- Effectiveness in working with students within areas of responsibility
- Knowledge of campus/community resources
- Knowledge of counseling/student development theory
- Professionalism, adherence to ethical standards
- Ability to work with students from diverse backgrounds

A summary of this faculty member's performance in this area would be

Excellent  
( )

Very Good  
( )

Satisfactory  
( )

Needs Improvement  
( )

Comment on the following, including general observations, strengths, areas for improvement and specific recommendations, as appropriate.

– Overall performance of professional responsibilities

– Service to the College/community

– Professional development

\_\_\_ I understand that I may file a written reply to any portions of this report, and that the reply will be attached to this report.

\_\_\_ I understand that my signature on this report does not constitute agreement or disagreement with the contents.

Faculty signature \_\_\_\_\_ Date \_\_\_\_\_  
Evaluator signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ Comments attached

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### OPTIONAL FACULTY RESPONSE

(Use additional paper if necessary; please be sure to include the following information)

Name of Faculty Member \_\_\_\_\_ Rank \_\_\_\_\_

Department/Area \_\_\_\_\_ Campus \_\_\_\_\_

Name and Title of Evaluator \_\_\_\_\_

Date and Time of Observation \_\_\_\_\_

Date of Post-Observation Conference \_\_\_\_\_