



FULL-TIME FACULTY EVALUATION
FORM C | COUNSELING & NON-INSTRUCTIONAL FACULTY

FACULTY NAME:

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NON-INSTRUCTIONAL ACTIVITY OBSERVED:

SCHOOL/SERVICE AREA:

DEPARTMENT:

EVALUATOR'S NAME:

TITLE:

DATE OF VISITATION:

OF STUDENTS:

All PC and Mac users please note: This form must be opened using **Adobe Reader**; any forms opened/used in "Preview Mode" will not function properly.

DIRECTIONS: Every item, as it pertains to instructional/non-instructional faculty members, must contain specific comments including an example to illustrate the evaluator's point and suggestions for improvement if applicable. Each category includes a concise parenthetical, descriptive prompt; however, the evaluator's comments are not limited to those descriptors. Please select the most relevant rating from each drop down box.

OBSERVED NON-INSTRUCTIONAL ACTIVITY AND RELEVANCE TO SERVICE AREA:

INSTRUCTIONAL TECHNIQUES BEING USED:

- | | | |
|--|---|--|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Class Discussion | <input type="checkbox"/> Small Group Activities |
| <input type="checkbox"/> Individual Student Assistance | <input type="checkbox"/> Interactive Activity | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Audio/Visual | <input type="checkbox"/> Web-enhanced | <input type="checkbox"/> E-counseling/Online Session |

GOALS/OBJECTIVES:

Select a rating that is most relevant from the drop down box (left).
8 – 10 = Strong | 6 – 7 = Competent | 4 – 5 = Marginal | 1 – 3 = Unsatisfactory.

(Clearly stated verbally or written)

Comments:

Check here if continued on Addendum ☐

Faculty Name:
Non-instructional activity being observed:

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Evaluation Scale: 8 – 10 = Strong | 6 – 7 = Competent | 4 – 5 = Marginal | 1 – 3 = Unsatisfactory

ORGANIZATION OF SESSION:

(Organized progression from each activity to the next)

Comments:

Check here if continued on Addendum ☐

USE OF TIME:

For non-instructional activity (Punctuality and use of non-instructional activity time):

Comments:

Check here if continued on Addendum ☐

Non-instructional Activity TIME MANAGEMENT:

(Control of non-instructional activity/contact time)

Comments:

Check here if continued on Addendum ☐

Evaluation Scale: 8 – 10 = Strong | 6 – 7 = Competent | 4 – 5 = Marginal | 1 – 3 = Unsatisfactory

EXPERTISE IN SUBJECT AREA:

(Mastery of and currency in subject matter)

Comments:

Check here if continued on Addendum ☐

COUNSELING DELIVERY MODES:

(Mastery of learning styles & cognitive processes)

Comments:

Check here if continued on Addendum ☐

PRESENTATION AND DELIVERY:

(Awareness of demeanor, vocabulary and articulation)

Comments:

Check here if continued on Addendum ☐

Evaluation Scale: 8 – 10 = Strong | 6 – 7 = Competent | 4 – 5 = Marginal | 1 – 3 = Unsatisfactory

STUDENT INVOLVEMENT:

(Evidence of active engagement and participation by students)

Comments:

Check here if continued on Addendum ☐

LEARNING ENVIRONMENT:

(Creates an environment conducive to learning)

Comments:

Check here if continued on Addendum ☐

RAPPORT:

(Evidence of mutual respect and professionalism)

Comments:

Check here if continued on Addendum ☐

Faculty Name:
Non-instructional activity being observed:

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Evaluation Scale: 8 – 10 = Strong | 6 – 7 = Competent | 4 – 5 = Marginal | 1 – 3 = Unsatisfactory

OVERALL NON-INSTRUCTIONAL ACTIVITY OBSERVATION SCALE:

SUMMARY EVALUATION:

Comments:

Check here if continued on Addendum ☐

Evaluator's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

Dean Comments (Optional): _____

Faculty Signature: _____ Date: _____

Faculty Comments (Optional): _____