

MENDOCINO COLLEGE  
EVALUATION PROCESS FOR PART-TIME COUNSELORS (7/09)

EXHIBIT 3

1. Content

- A. Evaluator Observation (Form A)
- B. Self-Assessment (Form B)
- C. Student Evaluation (Form C)
- D. Evaluation Summary (Form D)

2. Process

A. Prior to Planning Conference:

The Dean will schedule a Planning Conference with the Evaluators and the Counselor, email the Counselor Form B (Self-Assessment) and ask that they complete it and email it to the Evaluators prior to the Planning Conference.

B. Planning Conference:

The Evaluators and Counselor will review the evaluation process, arrange for observations and student evaluations, and discuss the self-assessment, including any objectives.

C. Observations and Student Evaluations:

A minimum of four observations will be evaluated by each Evaluator, using Form A. Form C (Student Survey) will be given to 25-30 students during a two-week period of registration as they leave their counseling appointments.

D. Compilation of Information:

The Dean will summarize the observations on Form A and student ratings on Form C and compile a list of the students' verbatim comments. The Evaluators will jointly complete Form D, including any recommendations.

E. Optional Summary Conference:

Upon request of the Evaluators or Counselor, they may meet to share the results of the evaluation. If a meeting is not scheduled, the evaluation materials will be provided to the Counselor for their review. The Counselor will be asked to sign Form D. Signature indicates an awareness of the evaluation report only. The Counselor is not required to agree or disagree with the information and, as indicated on Form D, may attach their written comments.

F. Final Steps:

The signed evaluation, including Forms A, B, C and D, and any written attachments, will be forwarded to the Vice-President of Education and Student Services for their signature. The Vice-President will forward the evaluation materials to Human Resources for inclusion in the Counselor's personnel file.

Mendocino College  
EVALUATION COUNSELOR  
FORM A - Evaluator Observation (6/22)

**Counselor's Name** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Evaluator** \_\_\_\_\_

**Directions:** Rate each item below according to the following scale based on your personal knowledge and counseling observation:

*1-Meets Professional Standards      2-Needs Improvement      3-Unsatisfactory*

**Knowledge of Counseling**

- \_\_\_ 1. Demonstrates accurate knowledge of counseling matters.
- \_\_\_ 2. Counseling information is current.

**Counseling Style**

- \_\_\_ 3. Understands and is interested in the student's questions and concerns.
- \_\_\_ 4. Provides the student with a better understanding of their educational goals and how to reach them.
- \_\_\_ 5. Provides accurate information.
- \_\_\_ 6. Creates a comfortable atmosphere.
- \_\_\_ 7. Provides the student with information about other available student services.
- \_\_\_ 8. Maintains a counseling environment that is free from sexual harassment and discrimination related to sex, race, color, national origin, religion, or physical or mental disability.
- \_\_\_ 9. Is flexible and willing to change an approach to meet the needs of the individual student.
- \_\_\_ 10. Treats students with respect. Demonstrates equity-mindedness towards students as a counselor.
- \_\_\_ 11. Provides information clearly and makes certain the student understands all important material before leaving the appointment.

**In-Person Services Rendered** (rate only those that apply)

- \_\_\_ Abbreviated education plan
- \_\_\_ Academic renewal or record adjustment
- \_\_\_ Associate degree requirements
- \_\_\_ Associate Degree for Transfer (ADT) requirements
- \_\_\_ Career planning
- \_\_\_ Certificate requirements

**In-Person Services Rendered** (rate only those that apply)

- Comprehensive education plan
  - Develop plan to correct problem-dismissal status
  - Early Alert
  - Progress report
  - Referral to appropriate resources/programs
  - SAP
  - Semester course selection
  - TAG
  - Transcript review
  - Transfer requirements
  - Transfer Work Evaluation Request
  - Other:
- 

Overall Observations

A. Describe the Counselor's strengths and attributes observed:

B. Describe any areas observed that may need attention:

Mendocino College  
COUNSELOR EVALUATION  
FORM B - Self-Assessment (7/09)

In outline form, address each of the following:

**1. Effects on Students**

Describe the effects which you believe your counseling has on students.

**2. Planned efforts/objectives for improving professional competency**

Comments may include, but not be limited to: classes taken, conferences, workshops, seminars, professional training, and professional reading; or informal learning experiences such as concerts, exhibits, performances, and site visits.

**3. College/District Activities**

List the college committees on which you now serve or have recently served.

**4. Contribution to the Profession**

Comments may include, but not be limited to, the following: special assignment(s), performances given, exhibits presented, conferences attended, professional positions held, honors earned, educational materials developed, or educational methods improved.

**5. Future Professional Objectives**

List any other plans you have for future development as a professional.  
How might the district facilitate these plans?

**6. Provide a written evaluation/assessment of the level/degree to which you successfully completed the planned efforts/objectives stated in your previous evaluation.**

**7. Concerns and Issues**

Include any other comments about concerns and issues that should be shared.

Mendocino College  
 COUNSELOR EVALUATION  
 FORM C - Student Evaluation (7/09)

Counselor: \_\_\_\_\_

**Directions:**

Mendocino College strives for excellence in its programs and services. Your feedback will help us improve the overall quality of counseling. Based on your experience, rate your Counselor on the following statements which describe the basic components of academic advising/counseling. If the statement does not apply, leave it blank.

My Counselor:	Almost Always	Usually	Seldom	Almost Never
1. Is available during their appointment times and/or office hours.				
2. Assists me in exploring vocational/career options.				
3. Explores alternative academic pathways and encourages me to assume responsibility for my decisions.				
4. Seems informed about regulations and course offerings.				
5. Assists me in understanding requirements for graduation, transfer, or certificate programs.				
6. Refers me to other college and/or community resources for additional information and assistance, if needed.				
7. Helps me in planning my program in a manner that is consistent with my own objectives.				

8. Researches accurate information and gives it back to me.				
9. Shows a genuine interest in assisting me.				
	Yes		No	
10. I feel comfortable returning to this counselor.				

**Counselor Evaluation:**

a. What do you find most helpful?

b. If dissatisfied, explain why:

Mendocino College  
EVALUATION – PART-TIME COUNSELOR  
FORM D - Evaluation Summary (7/09)

1. Overall evaluation of student observations:
2. Specific areas of strength:
3. Concerns and issues:
4. Progress in meeting objectives noted at last evaluation:
5. Other accomplishments since last evaluation:
6. Professional development and/or objectives recommended (include timeline):
7. General comments:
8. Additions and/or changes in objectives:
9. Recommendations:

Continue on regular evaluation schedule \_\_\_\_\_

Re-evaluate during next Mendocino College assignment \_\_\_\_\_

Other (explain):

CERTIFICATION OF COMPLETION:

\_\_\_\_\_  
Full-Time Counselor Date

\_\_\_\_\_  
Dean of Counseling & Student Programs Date

\_\_\_\_\_  
(Center Dean – if necessary) Date

Counselor signature indicates awareness of the report only. I wish to exercise my option to attach written comments regarding any portion of the evaluation report. Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Counselor evaluatee Date

\_\_\_\_\_  
Vice-President of Student Services Date