**Performance Appraisal Form for Faculty Counselors**

**Employee Name**

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| *Click here to enter text.* |

**Supervisor’s Name**

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| *Click here to enter text.* |

**Position Title**

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| *Click here to enter text.* |

**Date**

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| *Click here to enter text.* |

**Campus**: [ ] Belle Glade [ ] Boca Raton [ ] Lake Worth [ ] PB Gardens [ ] District

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**Part 1: Effectiveness in Promoting Student Success**

**Section 1.A: Describe the types of interactions you had with students in the past year that increased student success:**

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| Click here to enter text. |

**Section 1.B: Describe the experiences you had during the past year that have either reinforced how you interact with students or led you to change how you interact with students:**

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| Click here to enter text. |

**Section 1.C: What changes are you planning in the coming year to improve the quality of your interactions with students?**

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| Click here to enter text. |

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| Click here to enter text. |

***Supervisor Comments on Part 1 (Optional)***

**Part 2: Relevant Feedback from Students and Supervisors**

**Section 2.A: Student Evaluations of Counselor’s Service (if applicable)**

**Analyze the numerical ratings provided by students you assisted over the last year. In your summary, indicate the number of students who provided ratings and the average response rate.**

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| Click here to enter text. |

**Section 2.B: Application of Feedback to the Counseling Process**

**Reflect on the information provided in Sections 4.A, as well as the written comments from your student assessments. Describe how this information was or will be used to improve your counseling.**

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| Click here to enter text. |

***Supervisor Comments on Part 2***

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| Click here to enter text. |

[ ] **Meets Expectations** [ ] **Needs Improvement** [ ] **Unsatisfactory**

**Part 3: Continuing Professional Development**

**Section 3.A: Summarize your professional development activities in the past year.**

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| Click here to enter text. |

**Section 3.B: Summarize any activities that have contributed to your knowledge of counseling or that document your knowledge in your specific field.**

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| Click here to enter text. |

**Section 3.C: How have the activities described in Sections 3.A and 3.B above enhanced your interactions with students?**

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| Click here to enter text. |

***Supervisor Comments on Part 3***

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| Click here to enter text. |

[ ] **Meets Expectations** [ ] **Needs Improvement** [ ] **Unsatisfactory**

**Part 4: Service to the Department, College or Community**

**Section 4.A**: **College Committees**

**Summarize your role and involvement in the College or campus committees on which you served during the past year. If you did not serve on any committee, please explain why.**

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| Click here to enter text. |

**Section 4.B: Other College Service**

**Summarize the other College or campus service activities in which you participated during the past year, such as assistance in student activities, leadership roles or undertaking special tasks or assignments.**

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| Click here to enter text. |

**Section 4.C: Other Service**

**Summarize service activities that occurred outside of the College, such as leadership roles in state, regional or national professional organizations, involvement in professionally-related community service(s) or consultations.**

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| Click here to enter text. |

**Section 4.D:**

**In what ways did your service activities make a difference to student learning and student life?**

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| Click here to enter text. |

***Supervisor Comments on Part 4***

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| Click here to enter text. |

[ ] **Meets Expectations** [ ] **Needs Improvement** [ ] **Unsatisfactory**

**Part 5: Performance Goals**

**Section 5.A: Prior year goal assessment**

**Describe the progress made in the goals listed in the last performance appraisal.**

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| Click here to enter text. |

**Section 5.B: Future goals**

**Describe the objectives, goals, projects, committees and professional development activities that you intend to pursue. For each goal, please indicate the time frame in which the goal is expected to be achieved (e.g., 1 year, 3 years).**

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| Click here to enter text. |

***Supervisor Comments on Part 5***

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| Click here to enter text. |

[ ] **Meets Expectations** [ ] **Needs Improvement** [ ] **Unsatisfactory**

**Part 6: Additional Comments (optional)**

**If there is any additional information that you would like to have considered in your performance appraisal, please provide it here.**

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| Click here to enter text. |

**Part 7: Supervisor Appraisal of Additional Performance Factors**

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| --- | --- | --- | --- | --- |
| **No.** | **Performance Factor** | **Meets Expectations** | **Needs Improvement** | **Unsatisfactory** |
| 1. |  Demonstrates appropriate content knowledge. |[ ] [ ] [ ]
| 2. | Demonstrates appropriate and effective counseling skills and techniques. |[ ] [ ] [ ]
| 3. | Employs appropriate methods of student assessment. |[ ] [ ] [ ]
| 4. | All required documentation has been submitted with the Performance Appraisal Form.  |[ ] [ ] [ ]
| 5. | Participates in professional growth and development activities. |[ ] [ ] [ ]
| 6. | Maintains subject matter knowledge through reading and/or research |[ ] [ ] [ ]
| 7. | Adheres to College policies and procedures. |[ ] [ ] [ ]
| 8. | Participates in the activities of the assigned cluster. |[ ] [ ] [ ]
| 9. | Participates in departmental/college marketing and outreach. |[ ] [ ] [ ]
| 10. | Participates in organizing and promoting educationally relevant department events. |[ ] [ ] [ ]
| 11. | Attends all mandatory duty days, e.g., Development Day, Convocation, Commencements, Cluster Meetings, etc.  |[ ] [ ] [ ]
| 12. | Fosters and maintains collaboration and teamwork with peers, administration and staff. |[ ] [ ] [ ]

***If “Needs improvement” or “Unsatisfactory” is selected for any of the above items, please explain here:***

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| Click here to enter text. |

[ ] **Meets Expectations** [ ] **Needs Improvement** [ ] **Unsatisfactory**

**Part 8: Comprehensive Review Section**

***(to be completed only for the comprehensive review that is conducted***

***every three years)***

**Section 8.A: Describe your philosophy of counseling. How has your experience over the past three years either reinforced or altered that philosophy?**

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| Click here to enter text. |

**Section 8.B: Over the past three years, what new counseling skills and techniques have you employed? Describe the impact on student learning or student success? Indicate how the impact is measured.**

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| Click here to enter text. |

**Section 8.C: In what areas of your position would you like to grow or improve over the next appraisal period? What training or opportunity would be required?**

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| Click here to enter text. |

***Supervisor Comments on Part 8***

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| Click here to enter text. |

[ ] **Meets Expectations** [ ] **Needs Improvement** [ ] **Unsatisfactory**

**Part 9: Supervisor Assessment**

**Section 9.A: Supervisor Overall Recommendation**

[ ] **Meets Expectations** [ ] **Needs Improvement** [ ] **Unsatisfactory**

**Section 9.B: Supervisor Summary Statement**

(Summarize counselor’s performance including any academic leadership roles, such as Department Chair).

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**Section 9.C: Recognition of Exceptional Performance**

(This is an optional opportunity for the supervisor to acknowledge excellence).

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**Section 9.D: Performance Improvement Plan** (required for employees who receive a rating on **any** performance factor of Needs Improvement or Unsatisfactory)

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| Click here to enter text. |

**Part 10: Performance Appraisal Interview, Recommendation and Signatures**

**This Performance Appraisal Form was reviewed and discussed at an interview held on:**

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| Click here to enter a date. |

**Recommendation:**

[ ] Recommended for continued employment

[ ] Not recommended for continued employment

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**Employee’s Name** *(please print)* **Employee’s Signature**

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**Supervisor’s Name** *(please print)* **Supervisor’s Signature**

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**Dean’s Name** *(please print)* **Dean’s Signature**

**EMPLOYEE COMMENTS –**Employees may make any comments here within fourteen (14) working days after this performance appraisal. All employee comments will be attached to this performance appraisal and filed in the employee’s personal file. Attach additional sheets if necessary.

**Note:** The employee’s signature does not necessarily indicate agreement with the performance appraisal results. The signature indicates only that the performance appraisal was discussed with the employee.

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| Click here to enter text. |

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