



**CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT**  
**Office of Human Resources**  
**Evaluation: Mental Health Counseling Faculty Performance**  
**Observation Form**



(The observation of instruction form is required and must be forwarded to the supervisor)

**Evaluee:**             Full-time Faculty             Part-time Faculty  
**Location:**         Chabot College             Las Positas College  
**Semester:**         Fall                             Spring                     Summer    Year: \_\_\_\_\_

(Please Print)

Evaluee Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Evaluator Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Observation Date: \_\_\_/\_\_\_/\_\_\_    Observation Time: \_\_\_\_\_

**Counseling Faculty standards**

Counseling Faculty are expected to demonstrate a wide variety of counseling skills (listening and interviewing, trusting, encouraging, flexibility, resourcefulness, fairness) and counseling techniques while providing personal counseling services. Counseling Faculty are expected to demonstrate a professional degree of accuracy when providing mental health services, including knowledge of legal and ethical standard in the profession. Mental Health Counseling Faculty standards also include applying new technologies in delivering counseling services such as telehealth.

**Performance observation**

No single Counseling Faculty is expected to perform all of these tasks in any single observation period and it is understood that some counselors specialize in providing services to targeted populations of students.

I have read and received a copy of this observation of instruction. \*

**Counseling Faculty signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Evaluator signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**\*The instructor being observed has the right to append a statement to this observation.**

**PART I – ACTIVITIES: DIRECTIONS TO OBSERVER**

The observer will indicate which specific activities were covered during the observation session by checking the appropriate performance element(s) listed below, and rating the specific elements observed:

Information Distribution Tasks	Skill Rating					
	A	B	C	D	E	F
1. New student intake information	Satisfactory	Unsatisfactory	Needs Improvement	Not Applicable		
2. Leal information-informed consent	Satisfactory	Unsatisfactory	Needs Improvement	Not Applicable		
3. Expressed goals for therapy	Satisfactory	Unsatisfactory	Needs Improvement	Not Applicable		
4. Case notes are updated	Satisfactory	Unsatisfactory	Needs Improvement	Not Applicable		
5. Student session schedule	Satisfactory	Unsatisfactory	Needs Improvement	Not Applicable		
6. Release of information form	Satisfactory	Unsatisfactory	Needs Improvement	Not Applicable		
7. Other legal requirements	Satisfactory	Unsatisfactory	Needs Improvement	Not Applicable		
8. Information on therapeutic services	Satisfactory	Unsatisfactory	Needs Improvement	Not Applicable		
9. Vocational/career information	Satisfactory	Unsatisfactory	Needs Improvement	Not Applicable		
10. Information and referrals to campus service area (i.e. Financial aid special programs, child center)	Satisfactory	Unsatisfactory	Needs Improvement	Not Applicable		
11. Personal issues (i.e. housing)	Satisfactory	Unsatisfactory	Needs Improvement	Not Applicable		
12. Use of technology that support counselor resources (i.e. telehealth)	Satisfactory	Unsatisfactory	Needs Improvement	Not Applicable		

The observer will respond in narrative to the activities observed during the counseling session.

**PART II – NARRATIVE RESPONSE: DIRECTIONS TO OBSERVER**

No single counselor is expected to perform all these tasks in any single observation period.

Listening and attentiveness.

Yes                       No                       Not Applicable

**Comment(s):**

Provided a comfortable environment that encourages student engagement.

Yes                       No                       Not Applicable

Demonstrates the ability to provide empathy and form a therapeutic relationship.

Yes       No       Not Applicable

**Comment(s):**

Demonstrates the ability to assess for crisis, danger to self and/or others.

Yes       No       Not Applicable

**Comment(s):**

Demonstrates the ability to conceptualize the student's issues, develop treatment plan.

Yes       No       Not Applicable

**Comment(s):**

Demonstrates the ability to provide interventions that are culturally appropriate for diverse populations.

Yes       No       Not Applicable

**Comment(s):**

Appropriate use of intervention techniques. Provides responsive crisis intervention services.

Yes       No       Not Applicable

**Comment(s):**

Demonstrates recognition of transference and or countertransference as it may arise in the therapeutic relationship and an ability to work effectively with each.

Yes       No       Not Applicable

**Comment(s):**

Ability to apply/adhere to ethical/legal standards in mental health counseling.

Yes       No       Not Applicable

**Comment(s):**

Demonstrates ability to write complete and accurate progress notes (please explain):

**SECTION III: EVALUATOR NOTES AND SUMMARY COMMENTS**

Please check one and summarized below:

Satisfactory       Needs Improvement       Unsatisfactory

Please describe at least one observed teaching strategy and one delivery method observed. For example, what did you observe to indicate the instructor helped students apply new concepts/processes/skills? This is also the space for elaborating on the observation of instruction, noting strengths and suggestions related to the contract's standards for instruction and excellence in working with students, including accomplishing the course outline and including a summary of Student Response to Instruction.

Summary Comments

**SECTION IV: APPROPRIATE ADMINISTRATOR'S SUMMARY**

**Instructor' Name:** \_\_\_\_\_ **W #** \_\_\_\_\_  
(please print name)

Please check one and summarized below:

Satisfactory       Needs Improvement       Unsatisfactory

I have read and received a copy of this Administrative Summary and Evaluation.

**Instructor signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Administrator signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\* The instructor being observed has the right to append a statement to this Administrative Summary and Evaluation.**

Below is the space for the appropriate Administrator to provide a final summary and overall evaluation on Faculty based on:\*

- (1) Applicable contractual faculty standards, including:
  - Fulfillment of collegial responsibilities (14F.3, 14G.4, 14H.3, 14I.3)
  - Excellence in working with students (15C.2)
  - Participate in program and subject area improvement tasks (15C.5c)
  - Meet deadlines and submittal of grades and Census Reports (15C.5d)
  - Meet additional specific standards for instructional faculty (15C.6, 15C.7, 15C.8, 15C.9);
  
- (2) Part-time Faculty member's participation in professional responsibilities as described below:  
18I.7c.1 Participate in program and subject area improvement tasks such as creating and assessment of Student Learning Outcomes (SLOs), Service Area Outcomes (SAOs), Course Learning Outcomes (CLOs) and Program Learning Outcomes (PLOs), program review, and curriculum development.

<b>Summary Comments</b> (Attach extra sheets if necessary)

*Reference:* Article 14B.3, 14F.2b, 14F.3, 14G.4, 14H.3, 14I.3, 15B.3, 15F.2a, 15F.2a2, 15G.2, 18I.1c – Faculty Collective Bargaining Agreement