



2100 Chester Avenue
 Bakersfield, CA 93301-4099
 (661) 336-5100

Article 6 - Form J/FT

- Bakersfield College
- Cerro Coso College
- Porterville College

KCCD Full-time Faculty Evaluation Observation for Counseling/Non-Instruction Activity

Evaluatee	Evaluator
Type of Session	Date
<input type="checkbox"/> Mode A Year 1 <input type="checkbox"/> Mode A Year 2 <input type="checkbox"/> Mode A Year 3 <input type="checkbox"/> Mode A Year 4 <input type="checkbox"/> Mode B <input type="checkbox"/> Temporary Faculty <input type="checkbox"/> COF Faculty	

The following items should be referred to objectively after observing the faculty member in the activity indicated above. In some circumstances observation will not include all of the items; at this time you should use the "Unable to Assess" choice.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Assess	Comments
Structure and Goals:						
1. Activity shows clear signs of planning and organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Multiple informative elements (i.e. discussion, handouts, technology) are used, if appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. When multiple informative elements are used, they are effectively integrated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Time is used effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Faculty member maintains learning environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. Presentation is clear, and transitions between topics are effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Behaviors:						
7. Delivery is effective and understandable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8. Faculty maintains effective eye contact.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9. Oral delivery is clear and easy to follow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10. Rate and tone of oral delivery are effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11. Faculty exhibits a poised demeanor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12. Faculty member is enthusiastic and excited about his/her professional assignment and content.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

J/FT Faculty Observation for Counseling/Non-Instructional Activity (continued)

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Assess	Comments
13. Language used is understandable and appropriate level for the student.	O	O	O	O	O	
Faculty and Student Rapport:						
14. Faculty member is approachable.	O	O	O	O	O	
15. Faculty treats student(s) equitably.	O	O	O	O	O	
16. Faculty member discusses academic needs, goals, information, and ideas with student(s).	O	O	O	O	O	
17. Questions are encouraged.	O	O	O	O	O	
18. Questions are answered clearly.	O	O	O	O	O	
19. Faculty member and student(s) demonstrate respect for each other.	O	O	O	O	O	
Professional Expertise:						
20. Faculty member demonstrates adequate, up-to-date knowledge of the topics discussed.	O	O	O	O	O	
21. Material is appropriate for setting and student level.	O	O	O	O	O	

22. What specific strengths did you identify in this faculty member?

23. Please list any specific changes needed to strengthen this faculty member's effectiveness.

24. List any other suggestions for improvement.

25. Other comments or suggestions?

J/FT Faculty Observation for Counseling/Non-Instructional Activity (continued)



Overall Observation Assessment

Satisfactory Needs Improvement Unsatisfactory

Evaluator's Signature	Date
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Thank you for your participation.



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Article 6 - Form K/FT

- Bakersfield College
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KCCD Full-time Faculty Evaluation Student Evaluation for Counseling Faculty

Faculty's Name	Date
Faculty's Role	

Please fill out this brief, anonymous survey and return it to _____. Do not include your name and please do not fold this page.

FILL IN THE ENTIRE CIRCLE THAT CORRESPONDS TO YOUR ANSWER FOR EACH QUESTION. ERASE MARKS
Please indicate how much you agree or disagree with each of the following statements regarding today's counseling session.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable
1. The counselor is approachable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The counselor conducted the session in a professional manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The counselor exhibited good communication and skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The counselor is organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The counselor is knowledgeable about programs, services, and transfer requirements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The counselor demonstrates concern for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The counselor helps me reach my educational goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I believe the counselor is concerned with my success.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The counselor treated me with courtesy and respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Information was provided in a clear and understandable manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I would recommend this counselor to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. In the space below, please add any relevant comments that you have regarding your experiences with this counselor.

Thank you for your participation.



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Article 7 - Form J/ADJ

- Bakersfield College
- Cerro Coso College
- Porterville College

KCCD Adjunct Faculty Evaluation Observation for Counseling/Non-Instruction Activity

Evaluatee	Evaluator
Type of Session	Date

The following items should be referred to objectively after observing the faculty member in the activity indicated above. In some circumstances observation will not include all of the items; at this time you should use the "Unable to Assess" choice.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Assess	Comments
Structure and Goals:						
1. Activity shows clear signs of planning and organization.	O	O	O	O	O	
2. Multiple informative elements (i.e., discussion, handouts, technology) are used, if appropriate.	O	O	O	O	O	
3. When multiple informative elements are used, they are effectively integrated.	O	O	O	O	O	
4. Time is used effectively.	O	O	O	O	O	
5. Faculty member maintains learning environment.	O	O	O	O	O	
6. Presentation is clear, and transitions between topics are effective.	O	O	O	O	O	
Behaviors:						
7. Delivery is effective and understandable.	O	O	O	O	O	
8. Faculty maintains effective eye contact.	O	O	O	O	O	
9. Oral delivery is clear and easy to follow.	O	O	O	O	O	
10. Rate and tone of oral delivery are effective.	O	O	O	O	O	
11. Faculty exhibits a poised demeanor.	O	O	O	O	O	
12. Faculty member is enthusiastic and excited about his/her professional assignment and content.	O	O	O	O	O	

J/ADJ Faculty Observation for Counseling/Non-Instructional Activity (continued)

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Assess	Comments
13. Language used is understandable and appropriate level for the student.	O	O	O	O	O	
Faculty and Student Rapport:						
14. Faculty member is approachable.	O	O	O	O	O	
15. Faculty treats student(s) equitably.	O	O	O	O	O	
16. Faculty member discusses academic needs, goals, information, and ideas with student(s).	O	O	O	O	O	
17. Questions are encouraged.	O	O	O	O	O	
18. Questions are answered clearly.	O	O	O	O	O	
19. Faculty member and student(s) demonstrate respect for each other.	O	O	O	O	O	
Professional Expertise:						
20. Faculty member demonstrates adequate, up-to-date knowledge of the topics discussed.	O	O	O	O	O	
21. Material is appropriate for setting and student level.	O	O	O	O	O	

22. What specific strengths did you identify in this faculty member?

23. Please list any specific changes needed to strengthen this faculty member's effectiveness.

24. List any other suggestions for improvement.

24. Other comments or suggestions?

J/ADJ Faculty Observation for Counseling/Non-Instructional Activity (continued)



Overall Observation Assessment

Satisfactory Needs Improvement Unsatisfactory

Evaluator's Signature	Date
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Thank you for your participation.



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KCCD Adjunct Faculty Evaluation Student Evaluation for Counseling Faculty

Faculty's Name	Date
Faculty's Role	

Please fill out this brief, anonymous survey and return it to _____. Do not include your name and please do not fold this page.

FILL IN THE ENTIRE CIRCLE THAT CORRESPONDS TO YOUR ANSWER FOR EACH QUESTION. ERASE MARKS
Please indicate how much you agree or disagree with each of the following statements regarding today's counseling session.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable
1. The counselor is approachable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The counselor conducted the session in a professional manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The counselor exhibited good communication and skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The counselor is organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The counselor is knowledgeable about programs, services, and transfer requirements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The counselor demonstrates concern for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The counselor helps me reach my educational goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I believe the counselor is concerned with my success.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The counselor treated me with courtesy and respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Information was provided in a clear and understandable manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I would recommend this counselor to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. In the space below, please add any relevant comments that you have regarding your experiences with this counselor.

Thank you for your participation.