

## BROWARD COMMUNITY COLLEGE COUNSELOR SELF-EVALUATION

**Directions:** The purpose of this form is to allow the faculty member an opportunity to annually appraise his/her strengths, areas in need of improvement, and professional activities. The completed form may serve as a diagnostic tool between the faculty member and the supervisor during the evaluation conference. Any other information that may be useful to the supervisor in the evaluation process may be attached. This form is to be submitted to your supervisor at least one week prior to the Evaluation Conference. After the Evaluation Conference the supervisor will return both copies.

**FACULTY MEMBER'S NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**CAMPUS:** \_\_\_\_\_

### COUNSELING

Commendable	Satisfactory	Needs Improvement	Not Observed, not Applicable or Do Not Know
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- |    |  |       |       |       |       |
|----|--|-------|-------|-------|-------|
| 1. | I assist students with career, occupational and educational information.                               | _____ | _____ | _____ | _____ |
| 2. | I refer students to appropriate campus or community resources in accord with my professional judgment. | _____ | _____ | _____ | _____ |
| 3. | I interpret test scores and where appropriate prepare profiles of the results for students.            | _____ | _____ | _____ | _____ |
| 4. | I fulfill the obligation of any activity for which a supplement is paid.                               | _____ | _____ | _____ | _____ |
| 5. | I fulfill the obligation of any additional specialty assignment as agreed to with my supervisor.       | _____ | _____ | _____ | _____ |
| 6. | I counsel individuals who are changing career and/or occupational goals.                               | _____ | _____ | _____ | _____ |
| 7. | I provide crisis intervention when necessary.  | _____ | _____ | _____ | _____ |
| 8. | I provide letters of recommendation for employers and other colleges.                                  | _____ | _____ | _____ | _____ |

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Commendable	Satisfactory	Needs Improvement	Not Observed, not Applicable or Do Not Know
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9.	I provide information concerning questions about admissions, college curricula, course selection, and transferability of programs of study.	_____	_____	_____	_____
10.	I participate in research and evaluation projects pertinent to Student Affairs.	_____	_____	_____	_____
11.	I participate in activities that promote student success and retention.	_____	_____	_____	_____
12.	I assist counselees with the development of short and long term goals and decisions.	_____	_____	_____	_____
13.	I serve as an advocate for students in accordance with my professional judgment.	_____	_____	_____	_____
14.	I provide personal counseling and emotional support.	_____	_____	_____	_____
15.	I assume my share of department, campus and college responsibilities.	_____	_____	_____	_____

**Self Report of Activities**

Identify and describe your activities and accomplishments that have promoted the academic success of students.

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**COMMENTS:** (Additional strengths/accomplishment to be considered).



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D. List any professional organizations in which you had an active role during the past year and describe your responsibilities.

II. Non-Counseling Responsibilities  
List any campus, college, state, or national committees on which you served during the past year.

III. Community Service. List any community service activities which you engaged in during the past year.

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IV. List any honors or awards received during the past year.

V. Other

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VI. Professional Development Plan

The year in which your 7 year professional development plan cycle will end is \_\_\_\_\_.

Please outline a proposed professional development plan and/or indicate your progress in completing a current development plan.

Signature of Faculty Member: \_\_\_\_\_

Date: \_\_\_\_\_

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**Part II**

**SUMMARY OF COUNSELOR'S PERFORMANCE: To be completed by the evaluator.**

**1A. Counseling**

**More than Satisfactory \_\_\_ Satisfactory \_\_\_ Needs Improvement \_\_\_**

If "Needs Improvement" rating is checked for this specific category, a mutually designed plan specifying corrective action and a timetable must be completed.

**Comment(s)/Recommendations:**

**Improvement Plan: If required.**

Date(s) for follow-up conference(s): \_\_\_\_\_

Date for completion of improvement plan: \_\_\_\_\_

**1B. SERVICE TO STUDENTS**

More than Satisfactory \_\_\_ Satisfactory \_\_\_ Needs Improvement \_\_\_

**Comment(s)/Recommendations:**

**2. SERVICE TO THE DEPARTMENT/COLLEGE/COMMUNITY**

More than Satisfactory \_\_\_ Satisfactory \_\_\_ Needs Improvement \_\_\_

**Comment(s)/Recommendations:**

**3. PROFESSIONAL ACTIVITIES/SCHOLARSHIP AND CREATIVE WORK**

More than Satisfactory \_\_\_ Satisfactory \_\_\_ Needs Improvement \_\_\_

**Comment(s)/Recommendations:**

**PART III**

**Acknowledgments**

Date of Evaluation Conference: \_\_\_\_\_

Length of Evaluation Conference: \_\_\_\_\_

Faculty Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature does not necessarily indicate agreement with this evaluation and is required only to indicate that you have had an opportunity to review it and discuss the contents with your supervisor.

**COUNSELOR'S COMMENT(S):** Optional

The following signatures indicate this evaluation has been reviewed:

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Student Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

Provost: \_\_\_\_\_ Date: \_\_\_\_\_

President: \_\_\_\_\_ Date: \_\_\_\_\_

Number of attached pages, if any: \_\_\_\_\_

