

# Kapi'olani Community College

## Peer Evaluation Form for Counseling Faculty

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Name of Counselor: \_\_\_\_\_

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

Counselor's Department or Unit: \_\_\_\_\_

Counselor's Status (☐ Probationary, ☐ Lecturer, ☐ Temporary Appointee, ☐ Tenured)

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Name of Evaluator: \_\_\_\_\_

Evaluator Title: \_\_\_\_\_

Evaluator's Department or Unit: \_\_\_\_\_

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### Purpose

This form serves two purposes:

- 1) It provides the counselor feedback and suggestions and affords an opportunity for discussion of planning and performance.
- 2) It provides data for reviewing bodies in their assessment of the counselor for purposes of contract renewal, rehire, tenure and/or promotion recommendations.

### Process for Evaluation

#### Instructions to the Counselor

1. Identify a full-time faculty member (based on department guidelines) if one is not assigned. It is recommended that the evaluator be a counseling faculty member who has tenure or commensurate experience.
2. Provide the evaluator with any relevant materials for the counseling session the evaluator will be observing.
3. Arrange for the evaluator to observe one counseling session. This may include, but is not limited to: individual counseling/advising sessions, workshops, information sessions, class facilitation, group advising sessions, etc. Ensure students are comfortable with the evaluator sitting in. You may ask the evaluator to observe more than one counseling session.

## Instructions to the Evaluator

The guidelines below are suggested to evaluate the counselor. The evaluator is welcome to use additional criteria as appropriate and the counselor is welcome to add additional comments.

1. The evaluator meets with the counselor in the midst of the semester they are conducting their evaluation. Please allow sufficient time to conduct the interview thoroughly.
2. Arrange, with permission of the counselor and student(s) involved, to observe a counseling session. This may include, but is not limited to: individual counseling/advising sessions, workshops, information sessions, class facilitation, group advising sessions, etc. Your observations are meant to help you assess the counselor's Counseling Effectiveness (section A) and counselor's Support of Student Success, Growth, & Development (section B).
3. Prior to the interview and/or session observation, review any materials that the counselor has provided.
4. In the sections marked "Evaluator's Comments," provide a written evaluation of the area being evaluated.
5. Make additional comments and/or suggestions about possible adjustments to the counselor's effectiveness and/or support of student success, growth and development as appropriate.
6. Provide the counselor with a copy of the completed form and meet to discuss the evaluation. The counselor should have the opportunity to respond under the "Counselor Response" section and sign the form.
7. The evaluator will finalize the document with their signature and provide a PDF copy to the counselor and the original signed evaluation to the department chair/unit head.

## Areas of Evaluation

### A. Counseling Effectiveness

The following are *suggested* topics for evaluation in the observation and/or interview:

- Counseling/advising strategies that work best for the student population
- Awareness of the changing needs and/or concerns of students and how the counselor responds to those needs
- Description of a challenging counseling/advising session/situation and how the problem was approached.

### Evaluator's Comments (A)

Include comments here about the Counselor's counseling effectiveness:

## Counselor's Response (A)

Include a response to evaluator's comments:

## B. Support of Student Success, Growth, & Development

The following are *suggested* topics for evaluation in the observation and/or interview:

- Primary duties and how they relate to the goals of your department/unit and/or the college as a whole.
- Experience in initiating, creating, implementing, assessing, and/or improving on a counseling/advising project or activity that aimed to promote student success and/or growth and development.
- Involvement in creating partnerships with faculty and/or staff with the goal of enhancing student success and/or growth and/or development.

### Evaluator's Comments (B)

Include comments here about the Counselor's support of student success, growth and development:

## Counselor's Response (B)

Include a response to evaluator's comments:

**Evaluator's Additional Comments/Suggestions for Improvement:**

Include comments/suggestions here:

**Counselor's Response**

Include a response to evaluator's additional comments/suggestions:

I hereby certify that I have read the preceding report and have had an opportunity to discuss it with the evaluator. *Counselor's signature does not necessarily mean complete agreement on the part of the counselor.*

*To sign, place your cursor right after the arrow then Insert > Drawing > New > ▼ Select Line > Scribble > Draw your signature > Save & Close.*

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*Counselor's Signature and Date*

*To sign, place your cursor right after the arrow then Insert > Drawing > New > ▼ Select Line > Scribble > Draw your signature > Save & Close.*

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*Evaluator's Signature and Date*