

**IMPERIAL VALLEY COLLEGE
COUNSELING OBSERVATION FORM**

Counselor: _____ Semester: _____

Years of Counseling Experience at Imperial Valley College: _____

Date of Observation: _____ Evaluator: _____

Scoring: NA = Not Applicable 2 = Fair 4 = Good
 1 = Needs Development 3 = Competent 5 = Exceeds Standards

	NA	1	2	3	4	5
Is prepared with appropriate materials for counseling session.						
Makes effective use of time in counseling session (e.g., logical flow, finishes within time allotted, etc.).						
Eliminates distractions during session (e.g., phone, interruptions, etc.).						
Demonstrates rapport-building efforts (e.g., non-verbal behaviors, greeting students, providing privacy, awareness of and sensitivity to issues pertaining to cultural diversity).						
Demonstrates effective communication skills (e.g., active listening, accurate feedback, etc.).						
Assists students in the process of making decisions regarding academic and career goals.						
Determines student needs in terms of information (what do they know, what do they need to know, etc.).						
Demonstrates ability to meet student needs in a crisis (e.g., has ability to remain calm, assesses immediacy of the situation and responds appropriately, etc.).						
Solicits student feedback regarding effectiveness of session.						
Reviews transcripts to facilitate advisement (e.g., determines appropriate placement, determines career options, etc.).						
Reviews and evaluates academic records to (1) determine status and/or (2) to determine course equivalencies.						
Actively listens and checks for understanding.						
Acknowledges feedback then responds accordingly.						
Provides feedback.						
Demonstrates knowledge of academic counseling as it pertains to transfer or occupational programs.						
Assists students in filling out a variety of forms (electronic or paper).						
Utilizes academic counseling resources and is knowledgeable on existing resource/reference tools (e.g., ASSIST, SARS, DegreeWorks, CSU, UC, College Source, Starfish, ADT's, etc.).						
Overall Ranking (only one score):						

Summary Comments: _____

Faculty Member Name	Signature	Date
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Peer Evaluator Name	Signature	Date
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Supervising Administrator Name	Signature	Date
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VP for Student Services Name	Signature	Date
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