***Workplace Observation Form for Counselors***

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| --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **Evaluatee:** | **Time and Place of Observation:** | **Date:** | |
|  |
| |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | **Evaluator:** | **# of Students Counseled:** |  | | |

On a scale of 1 to 5, please indicate the extent to which the counselor meets the criteria listed below.

Please include comments in the column on the right. Attach additional comments as necessary.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5** | | **4** | **3** | | **2** | | **1** | **NA** |
| **Excellent** | | **Above Average** | **Average** | | **Below Average** | | **Poor** | **Not Applicable** |
|  | |  |  | |  | |  |  |
|  | | | **Rating** | | **Comments** | | | |
| 1. **Expertise:** The counselor used skills appropriate to the   session. | | | Select Rating | | Click here to enter text. | | | |
| 1. **Attentiveness**: The counselor clarified the student’s   counseling needs and was attentive to questions and comments. | | | Select Rating | | Click here to enter text. | | | |
| 1. **Clarity**: The counselor was clear and precise in   responses to students. | | | Select Rating | | Click here to enter text. | | | |
| 1. **Referrals**: When appropriate, the counselor identified   referral sources and made suitable referrals. | | | Select Rating | | Click here to enter text. | | | |
| 1. **Rapport:** The counselor conducted counseling in such a   way as to establish rapport with students and encourage independence, and increase effectiveness in achieving student learning outcomes in their classes. | | | Select Rating | | Click here to enter text. | | | |
| 1. **Accuracy:** The counselor provided students with   accurate, available information regarding certificate programs, degree programs, transfer programs and articulation. | | | Select Rating | | Click here to enter text. | | | |
| 1. **Respect**: The counselor treated students respectfully and   responded to their individual needs and special circumstances. | | | Select Rating | | Click here to enter text. | | | |
| 1. **Evaluation Process**: The counselor participated in the   evaluation process in a professional and timely manner. | | | Select Rating | | Click here to enter text. | | | |