

**Essex County College
Faculty Evaluations Forms
Appendix D
Form A
Counseling Peer Evaluation Form
Counseling Session Observation Report**

Counselor Evaluated: _____

Date: _____

General Comments: _____

Evaluation By: _____

(Signature)

(Counselor Observed)

Date: _____

Counselor's Comment (if any) _____

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(Continued)**

A. Performance Report as Counselor:

1. Utilizes appropriate Counseling Approaches and explores new methods: _____

2. Demonstrates ability to relate to wide range of students; rapport and sensitivity to students:

3. Breadth and diversity of interests, plus activities and interest which enables a counselor to develop wider sympathy for more effective communication, and deeper understanding of her/his students:

4. Effective and willing assumptions of responsibility in departmental matters:

5. Performance as a Member of the Faculty; professional status, growth, development, educational preparation, community involvement (for details see Self-Evaluation Form)

6. Performance of other activities as a Counselor:

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D. Comments of Counselor:

Date

Signature of Faculty Member