

Academic Year: \_\_\_\_\_

Semester:  Fall  Spring  Summer

**Regular Faculty Evaluation**  
**Observation Report: Disability Resources Counseling Session**

(with student evaluations)

*See Instructions to Observer at the bottom of this form.*

Evaluee (Print): \_\_\_\_\_

Department: \_\_\_\_\_

Activity: \_\_\_\_\_

Date of Observation: \_\_\_\_\_

Observer (Print): \_\_\_\_\_

Role:  Peer  Chair  Supv'g Admin

Student Evaluation Summary and Comments are attached.

I collected no Student Evaluations for the activity I observed.

**1. Observation Ratings:**

Scaled Response: Based on your observations, select your response to each statement below based on the following scale: 3 = Satisfactory, 2 = Satisfactory/Minor Improvement Needed, 1 = Needs Improvement, NA = Not Applicable.

#	Criteria	3	2	1	NA
<b>1</b>	Established rapport with the student.				
<b>2</b>	Demonstrated effective communication skills.				
<b>3</b>	Engaged in an interactive process to identify appropriate accommodations based on the limitations of the disability.				
<b>4</b>	Provided advising specific to disability management.				
<b>5</b>	Advised student how to access disability related accommodations and services.				
<b>6</b>	Suggested appropriate referrals to campus and/or community resources.				
<b>7</b>	Discussed educational and/or career goals.				
<b>8</b>	Created an accurate academic plan.				
<b>9</b>	Demonstrated current and essential knowledge of courses, programs and/or college procedures.				
<b>10</b>	Addressed student concerns and needs in a supportive manner.				

## 2. Narrative Report:

In the space provided below (or on an attachment), write a brief summary of the Evaluatee's performance in the student-related duties category. Your description should be related to the criteria above, to the Faculty Job Description (Article 17), and should accurately and appropriately reflect upon comments and ratings contained in the student evaluations. Be specific in your commendations, suggestions, and recommendations. This *Observation Report* will provide information to the *Final Report*.

Narrative Report

Observer Signature: _____	Date: _____
Observer Name (Printed): _____	

**Evaluatee Signature:** In signing this report as the Evaluatee, you are only acknowledging having seen and discussed the complete report with the Evaluator. **Your signature below does not necessarily indicate agreement with any specific conclusions of this report.**

Evaluatee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Instructions to Observer

Note: If Evaluatee declines to sign, observer should note that declining to sign does not halt or delay the evaluation process.

#### Attach the summary of student evaluations to this report.

Each observer meets or confers with evaluatee to discuss the *Observation Report*, including the narrative and summary of student comments. The report may be shared by paper copy, email, or FAX, and the conference may occur in person, by telephone, by email, or other appropriate means of communications. When using email or FAX, the observer should save a copy of the transmission as evidence of communication. **(deadline: week 12).**

Each observer sends a copy of her/his *Observation Report*, including the summary of student evaluations, to the other members of the team (email preferred). **(deadline: week 12).**

The observer signs the original *Observation Report* and sends it to the department chair. **(deadline: week 12).**

If a "needs improvement" rating is considered in the student-related duties category, all three members of the team will confer reach conclusions about recommendations and follow-up, and designate one member to write the narrative for the *Final Report*. **(deadline: week 13)**