# **PERSONNEL REPORT FORM FOR**

# **EVALUATION OF TEMPORARY COUNSELOR FACULTY**

# **(ACADEMIC-RELATED STUDENT SUPPORT SERVICES PROFESSIONALS)**

# **COUNSELING AND PSYCHOLOGICAL SERVICES**

# **DIVISION OF STUDENT LIFE**

**Name** Click here to enter text.

Last Name, First Name

**Current Appointment: Current Appointment:**

One-year  Three-year

Semester

**Overall Evaluation: Overall Evaluation:**

Outstanding  Satisfactory

Commendable  Unsatisfactory

Satisfactory

Needs Improvement

Unsatisfactory

**Department Recommendation for Semester Faculty Only:**

## 

## Retain in hiring pool

Do not retain

**If the recommendation is to not retain, please state the reason below.**

Click here to enter text.

**EVALUATION OF PERFORMANCE OF PROFESSIONAL DUTIES AS IMPLIED BY CANDIDATE’S JOB DESCRIPTION:**

Click here to enter text.

**PEER EVALUATION COMMITTEE**

Committee Chairperson

### COUNSELOR FACULTY SIGNATURE

I have read this evaluation of my overall performance.

Counselor Faculty Member Date

## I have received a copy of this evaluation. I am aware that I have ten days to submit a rebuttal to the peer evaluation committee chair and/or request a meeting.

I request a meeting.

My response is appended.

### CAPS DIRECTOR

## 

## I concur with the recommendation and evaluation.

I concur, with additional comments attached.

I do not concur with the above recommendation and/or evaluation. (Please attach a separate

recommendation and/or evaluation.)

CAPS Director Date

### COUNSELOR FACULTY SIGNATURE

I have read this evaluation of my overall performance.

Counselor Faculty Member Date

## I have received a copy of this evaluation. I am aware that I have ten days to submit a rebuttal to the CAPS Director and/or request a meeting.

I request a meeting.

My response is appended.

## **DEAN of STUDENTS (at the discretion of the Dean of Students)**

## 

## I concur with the recommendation and evaluation.

I concur, with additional comments attached.

I do not concur with the above recommendation and/or evaluation. (Please attach a separate

recommendation and/or evaluation.)

Dean of Students Date

### COUNSELOR FACULTY SIGNATURE

I have read this evaluation of my overall performance.

Counselor Faculty Member Date