# **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