

DEAN/RESPONSIBLE ADMINISTRATOR'S ASSESSMENT OF  
PROFESSIONAL RESPONSIBILITIES FORM

ACADEMIC/PSYCHOLOGICAL SERVICES COUNSELOR

College: \_\_\_\_\_ Division: \_\_\_\_\_  
Academic year of evaluation \_\_\_\_\_ Semester: \_\_\_\_\_  
Name of evaluatee: \_\_\_\_\_  
Name of evaluator: \_\_\_\_\_

1. Evaluatee participates constructively in Division and Department meetings and other activities related to area of responsibility. (Optional for adjunct faculty.)
2. Evaluatee participates constructively on College-wide committees. (Optional for adjunct faculty.)
3. Evaluatee submits grades and other information in a complete, accurate, and timely manner.
4. Evaluatee collaborates well with and is respected by faculty, staff, and students.
5. Evaluatee fulfills professional responsibilities.
6. Evaluatee participates in professional growth activities.

OVERALL PERFORMANCE RATING

- A. Exceeds expectations.
- B. Meets expectations.
- C. Needs improvement. (Improvement plan required. See Improvement Plan form.)
- D. Is unsatisfactory. (Improvement plan required. See Improvement Plan form.)

EVALUATOR COMMENTS:

I have met with the evaluatee and discussed the evaluatee's classroom observation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Evaluator

EVALUEE COMMENTS:

I have met with the evaluator and discussed my classroom observation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Evaluatee

ADDITIONAL COMMENTS: