

DEAN/RESPONSIBLE ADMINISTRATOR'S ASSESSMENT OF PROFESSIONAL  
RESPONSIBILITIES FORM  
ACADEMIC COUNSELOR

College: \_\_\_\_\_

Division: \_\_\_\_\_

Academic year of evaluation \_\_\_\_\_

Semester: \_\_\_\_\_

Name of evaluatee: \_\_\_\_\_

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 (Refer to Appendix G)
- D. Unsatisfactory (Refer to Appendix G)

DEAN/RESPONSIBLE ADMINISTRATOR'S FINAL COMMENTS:

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

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

EVALUEE'S FINAL COMMENTS:

I have met with the evaluator and discussed my observation

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

ADDITIONAL COMMENTS: