

Workplace Observation Form for Counselors

Evaluatee _____ Time and Place of Observation _____ Date _____
 Evaluator _____ # of Students Counseled _____

On a scale of 1 to 5, please indicate the extent to which the counselor meets the criteria listed below. Please include comments in the column on the right. Attach additional comments as necessary.

5 4 3 2 1 NA
 excellent above average average below average poor not applicable

	5	4	3	2	1	NA	Comments
1. Expertise: The counselor used skills appropriate to the session.							
2. Attentiveness: The counselor clarified the student's counseling needs and was attentive to questions and comments.							
3. Clarity: The counselor was clear and precise in responses to students.							
4. Referrals: When appropriate, the counselor identified referral sources and made suitable referrals.							
5. Rapport: The counselor conducted counseling in such a way as to establish rapport with students and encourage independence.							
6. Accuracy: The counselor provided students with accurate, available information regarding certificate programs, degree programs, transfer programs and articulation.							
7. Respect: The counselor treated students respectfully and responded to their individual needs and special circumstances.							

	5	4	3	2	1	NA	Comments
8. Evaluation Process: The counselor participated in the evaluation process in a professional and timely manner.							

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