

IMPERIAL VALLEY COLLEGE
COUNSELING OBSERVATION FORM

Counselor: _____ Semester: _____

Years of Counseling Experience at Imperial Valley College: _ _ _ _ _

Date of Observation: _____ Evaluator: _____

Scoring:

- | | |
|-------------------------------------|------------------------------|
| 5 Exceptional, Exceeds Expectations | 2 Competent |
| 4 Very Effective | 1 Marginal or Unsatisfactory |
| 3 Above Average | 0 Not Applicable |

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17. Assists students in filling out a variety of forms.

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Evaluatee

Signature

Date

Dean or Designee

Signature

Date

Vice President Student Services

Signature

Date

Date Form Completed: