**IMPERIAL VALLEY COLLEGE**  
**LIBRARIAN OBSERVATION FORM**

Employee: ________________________________ Semester: ________________________________

Years of Librarian Experience at Imperial Valley College: ________________________________

Date of Observation: ________________ Evaluator: ________________________________

<table>
<thead>
<tr>
<th></th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Exceptional, Exceeds Expectations</td>
<td>Very Effective</td>
<td>Above Average</td>
<td>Competent</td>
<td>Marginal or Unsatisfactory</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

1. Conducts reference interview and follow-up  
Comments:

2. Knows and follows Reference Desk and Library policies  
Comments:

3. Acts in a manner that encourages patrons to ask questions  
Comments:

4. Exhibits knowledge of reference sources, continues to develop knowledge of collections and resources  
Comments:

5. Exhibits teamwork regarding reference requests and library operations  
Comments:
Overall Ranking:
Add the sum of each column.
Calculate total points possible.
Divide the sum of each column by the total points possible and multiply by 100. That number is the overall evaluation score.

<table>
<thead>
<tr>
<th>100-90</th>
<th>Exceptional, Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>89-70</td>
<td>Very Effective</td>
</tr>
<tr>
<td>69-54</td>
<td>Above Average</td>
</tr>
<tr>
<td>55-40</td>
<td>Competent</td>
</tr>
<tr>
<td>39 or below</td>
<td>Marginal or Unsatisfactory</td>
</tr>
</tbody>
</table>

Overall Evaluation Score: ________________

Summary Comments:  
__________________________________________________________________  
__________________________________________________________________  
__________________________________________________________________  
__________________________________________________________________  

Evaluatee                     Signature  Date  
Evaluator                      Signature  Date  
Dean or Designee               Signature  Date  
VP for Academic Services       Signature  Date  

Date Form Completed: ________________