

# Counselor – Final Evaluation

*The Counselor shall be provided with a copy of the Final Evaluation Report at the conference prior to the discussion.*

Counselor: \_\_\_\_\_

Assignment: \_\_\_\_\_

School: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Date of Evaluation Conference : \_\_\_\_\_

The rating selected by the principal will be the highest rating selected in any classroom observation during the evaluation period unless there is substantiating data to the contrary.

<b>Standards of Counselor Performance</b>		<b>D</b>	<b>M</b>	<b>E</b>
D = Does not meet expectations      M = Meets expectations E = Exceeds expectations              NA = Not applicable to this counselor				
<b>Principle I:</b>	<b>Implements the Guidance Curriculum Component through the use of effective instructional skills and the careful planning of structured group sessions for all students.</b>			
<b>Principle II:</b>	<b>Implements the Individual Planning Component by guiding individuals and groups of students and their parents through the development of educational and career plans.</b>			
<b>Principle III:</b>	<b>Implements the Responsive Services component through the effective use of individual and small group counseling, consultation, and referral skills.</b>			
<b>Principle IV:</b>	<b>Implements the System Support Component through the effective guidance program management and support for other educational programs.</b>			
<b>Principle V:</b>	<b>Uses professional communication and interaction with the school community</b>			
<b>Principle VI:</b>	<b>Fulfills professional responsibilities</b>			

Supporting Comments:

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

*The Counselor's signature does not necessarily indicate agreement with the contents of the Final Evaluation Report. The Counselor has the right to make a written statement within 15 school days after the evaluation conference. This statement shall become part of the Final Evaluation Report.*

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|--|---|
| <input type="checkbox"/> Recommend for re-appointment (Non PTS )<br><input type="checkbox"/> Not recommend for re-appointment (Non PTS )<br><input type="checkbox"/> Recommend to Withhold Step<br>(Previous Documentation approved by Superintendent) | <input type="checkbox"/> Recommend for Professional Teachers Status<br><input type="checkbox"/> Not recommend for Professional Teacher Status<br><input type="checkbox"/> Continue Professional Improvement Plan<br>(refer to p.5, "Professional Improvement Plan") |
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