COUNSELOR’S CONFIDENTIAL EVALUATION

Counselor’s Name _____________________________________________  School ________________________
Assignment ___________________________________________________  School Year ____________________
Date of Formal Observation _______________________________  Career __________ Probationary ___________

Satisfactory  Meets or exceeds minimum criteria
Growth Desirable  Work needed in area specified
Unsatisfactory  Serious deficiency exists
               Needs immediate plan for improvement

1. COUNSELING SERVICE AND RESPONSIBILITY
   1. Actively participates in pupil placement decisions.
   2. Provides liaison and spokesman services to the community and its agencies.
   3. Uses an approach that reflects a humanitarian concern for dignity, confidentiality, and the personal integrity of the student.
   4. Consults regularly with staff concerning student needs.
   5. Provides good orientation for new students.
   6. Involves parents in seeking solutions to school related problems.
   7. Communicates and interacts effectively with colleagues, parents, and students.
   8. Regularly initiates both individual and group counseling, activities that reflect problem alleviation, and/or growth in specific skills.
   9. Provides written evaluation summaries of group counseling, program assessments.
  10. Is accurate and prompt with records and reports.

COMMENTS: ________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

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II. CLASSROOM GUIDANCE AND MANAGEMENT

1. Plans for delivery of the lesson relative to short-term and long-term objectives.
2. Uses minimum class time for non-instructional routines, thus maximizing time on task.
3. Clearly defines expected behavior (encourages positive behavior and controls negative behavior).
4. Establishes rapport with students and provides a pleasant, safe, and orderly climate conducive to learning.

COMMENTS: ______________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

III. METHODS OF INSTRUCTION FOR CLASSROOM GUIDANCE

1. Communicates the instructional objectives to students.
2. Shows how the present topic is related to those topics that have been taught or that will be taught.
3. The counselor relates subject topics to existing student experiences.
4. Uses signaled responses, questioning techniques, and/or guided practices to involve all students.
5. Teaches the objectives through a variety of methods.
6. Gives directions that are clearly stated and related to the learning objectives.
7. Checks to determine if students are progressing toward stated objectives.
8. Changes instruction based on the results of monitoring.
9. Requires all students to practice newly learned skills while under the direct supervision of the counselor.
10. Requires students to practice newly learned skills without the direct supervision of the counselor.
11. Summarizes and fits into context what has been taught.

COMMENTS: ______________________________________________________________________________
___________________________________________________________________________________________
COUNSELOR’S CONFIDENTIAL EVALUATION (Cont.)

VI. EVALUATION COMMENTS:

VII. COUNSELOR’S COMMENTS: Counselor is invited to make any comments that he/she may wish to include as part of the evaluation. Counselor’s comments can be added as an attachment to the evaluation.

This evaluation is based on counselor conferences and personal knowledge collected by evaluator.

I certify this evaluation has been discussed with me. I understand my signature does not necessarily indicate agreement.

____________________________________________________________________________________________

Signature of Counselor                                      Date

____________________________________________________________________________________________

Signature of Evaluator                                      Title                                      Date