BILLINGS PUBLIC SCHOOLS

Evaluation Form

NAME _____ SCHOOL _____

PRE-CONFERENCE DATE _____ OBSERVATION DATE(S) _____

SUBJECT AREA _____

Overall Evaluation (indicate one): ☐ SATISFACTORY ☐ UNSATISFACTORY

		SELECT SATISFACTORY OR UNSATISFACTORY
A.	Participates in conferences as needed.	Unsatisfactory
B.	Participates, as requested, in the process of identifying students who may benefit from social/emotional support.	Unsatisfactory
C.	Collaborates with parents and professionals to provide strategies for student improvement.	Unsatisfactory
D.	Provides school counseling support on an individual and/or group basis.	Unsatisfactory
E.	Assists in short-term crisis counseling for students/families facing emergency situations.	Unsatisfactory
F.	Supplies information on referral sources and collaborates through professional consultation, as appropriate.	Unsatisfactory
G.	Develops appropriate rapport with counselors, parents/guardians and teachers.	Unsatisfactory
H.	Follows district policy, rules and procedures.	Unsatisfactory
I.	Is responsible for planning and managing an effective counseling program.	Unsatisfactory
J.	Updates professional knowledge and skills through participation in building, departmental and district-wide in-service training and meetings.	Unsatisfactory
K.	Showing Professionalism	Unsatisfactory
L.	Participates in community outreach for the coordination of services among school, community resources and referral agencies.	Unsatisfactory
M.	Plans and delivers classroom lessons aligned with district guidelines.	Unsatisfactory

The following signatures indicate the data has been read and discussed.

_____ _____

Counselor's Signature **Date** **Administrator's Signature** **Date**

Copy: Counselor
Administrator
Teacher Personnel File

The counselor has the option of presenting a written rebuttal to the administrator within twenty working (20) days.