

Form E: Summative Evaluation Form for School Counselor

Name: _____ School: _____ Date: _____

Status: Part-Time 1st Year 2nd Year 3rd Year 4th Year Tenure
 (Temporary) (Probation) (Probation) (Probation) (Probation)

Domain 1 - Planning and Preparation	Unsatisfactory	Needs Improvement	Proficient	Excellent
1a: Demonstrating knowledge of counseling theory and techniques				
1b: Demonstrating knowledge of child and adolescent development				
1c: Establishing goals for the counseling program appropriate to the setting and the students served				
1d: Demonstrating knowledge of state and federal regulations and of resources both within and beyond the school and district				
1e: Planning the counseling program, integrated with the regular school program				
1f: Developing a plan to evaluate the counseling program				
OVERALL PERFORMANCE IN AREA				

Comments:

Domain 2 - Classroom Environment	Unsatisfactory	Needs Improvement	Proficient	Excellent
2a: Creating an environment of respect and rapport				
2b: Establishing a culture for productive communication				
2c: Managing routines and procedures				
2d: Establishing standards of conduct and contributing to the culture for student behavior throughout the school				
2e: Organizing physical space				

OVERALL PERFORMANCE IN AREA				
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Comments:

Domain 3 - Instruction	Unsatisfactory	Needs Improvement	Proficient	Excellent
3a: Assessing student needs				
3b: Assisting students and teachers in the formulation of academic, personal/social, and career plans, based on knowledge of student needs				
3c: Using counseling techniques in individual and classroom programs				
3d: Brokering resources to meet needs				
3e: Demonstrating flexibility and responsiveness				
OVERALL PERFORMANCE IN AREA				

Comments:

Domain 4 - Professional Responsibilities	Unsatisfactory	Needs Improvement	Proficient	Excellent
4a: Reflecting on practice				
4b: Maintaining records and submitting them in a timely fashion				
4c: Communicating with families				
4d: Participating in a professional community				
4e: Engaging in professional development				
4f: Showing professionalism				

OVERALL PERFORMANCE IN AREA																
Comments:																
V. Composite Evaluation of Areas I, II, III and IV																
VI. Comments (Strengths, Concerns, Recommendations and Signatures)																
Counselors Final Summative Rating: _____ Unsatisfactory _____ Needs Improvement _____ Proficient _____ Excellent																
Counselors Recommendation: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">Yes</th> <th style="width: 15%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1. Recommend for continued employment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. Recommend for continued employment with annual evaluation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Recommend remediation status</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>						Yes	No	1. Recommend for continued employment	<input type="checkbox"/>	<input type="checkbox"/>	2. Recommend for continued employment with annual evaluation	<input type="checkbox"/>	<input type="checkbox"/>	3. Recommend remediation status	<input type="checkbox"/>	<input type="checkbox"/>
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Signature of Counselor _____ Date _____

Signature of Evaluator _____ Date _____

Moline School District No. 40
Summative Evaluation Form for Counselors

Probationary Counselor Recommendation

	YES	NO
1. Recommend for second year of probation (Includes full-time counselor employed prior to November 1)	<input type="checkbox"/>	<input type="checkbox"/>
2. Recommend for third year of probation	<input type="checkbox"/>	<input type="checkbox"/>
3. Recommend for fourth year of probation	<input type="checkbox"/>	<input type="checkbox"/>
4. Recommend for tenure	<input type="checkbox"/>	<input type="checkbox"/>
5. Full time temporary contract but would recommend consideration for re-employment	<input type="checkbox"/>	<input type="checkbox"/>
6. Part-time temporary contract but would recommend consideration for re-employment	<input type="checkbox"/>	<input type="checkbox"/>

Formative Observations Completed by:

Name: _____ Date of Observation: _____

Name: _____ Date of Observation: _____

Name: _____ Date of Observation: _____

Principal/Administrator

Date of Conference

I have seen this evaluation and received a signed copy.

Counselor's Signature

Date

Form F: Professional Development Planning Form for Counselors

Counselor Name: _____

Evaluator Name: _____

Date of Receipt of Final Summative Evaluation: _____

Domain(s) in which “Needs Improvement” is indicated (circle all that apply):

Domain 1

Domain 2

Domain 3

Domain 4

Improvement Template

Specific component(s) and element(s) of concern	
Expectations of Counselor to rectify concerns	
Suggestions for addressing the evaluator’s expectations	
Supports and resources to assist Counselor in meeting the evaluator’s expectations	
Evidence that will be accepted that expectations are met	
Additional evaluator comments	

Chart may be expanded as needed.

Counselor Signature: _____
(Name) (Date)*

Evaluator Signature: _____
(Name) (Date)*

Signatures reflect that the meeting was held by the appropriate deadline and that the plan will be implemented. Counselors and evaluators are expected to mutually agree to the plan. In the event that they are not able to come to an agreement, the evaluating administrator reserves the right to direct the activities required of the counselor. The counselor is expected to sign the plan but may provide a written attachment for their file indicating areas in which they disagree with the evaluating administrator.

*Must be within 30 school days of receipt of final summative evaluation.