School Counselor Supplemental Observation Form

Counselor's Name:		School Name:	
Date Observed:		Time Observed:	
Observation Setting:	☐ Classroom Lesson	☐ Parent Meeting	☐ Staff Development
	☐ Parent Workshop	☐ Advisory Meeting	☐ Parent/Teacher Conference
	☐ Other _____		
Topic/Focus:			
Grade level/Group:	Lesson Plan Available: Yes ☐ No ☐ Not Applicable ☐		

1. The school counselor demonstrates an understanding of the subject content.

Always	Often	Sometimes	Never
Comments:			

2. The school counselor has a clear learning objective. (Classroom lessons are aligned to local standards and/or the American School Counselor Association Mindsets and Behaviors)

Always	Often	Sometimes	Never
Comments:			

3. The school counselor uses developmentally appropriate materials, technology and/or other resources effectively to promote learning.

Always	Often	Sometimes	Never
Comments:			

4. The school counselor recognizes individual student differences by providing appropriate content to support each student's learning.

Always	Often	Sometimes	Never
Comments:			

5. The school counselor checks for understanding and learning by encouraging engagement, monitoring and choosing appropriate evaluations.

Always	Often	Sometimes	Never
Comments:			

6. The school counselor engages in practices that support a positive, productive learning environment that encourages respect for all.

Always	Often	Sometimes	Never
Comments:			

Please note that the school counselor annual evaluation should not be solely based on this observation.

7. The school counselor demonstrates high expectation for all students by maximizing instructional time and encouraging students to take responsibility for their own behavior and learning.

Always	Often	Sometimes	Never
Comments:			

8. The school counselor demonstrates professionalism and displays an inviting presence.

Always	Often	Sometimes	Never
Comments:			

9. The school counselor communicates effectively in ways that promote learning.

Always	Often	Sometimes	Never
Comments:			

Overall Comments:

Evaluator's Signature: _____ Date: _____

School Counselor's Signature: _____ Date: _____

Please note that the school counselor annual evaluation should not be solely based on this observation.