

Tulare County Office of Education

Evaluation Form for Prevention Staff Development Specialist

Name of Teacher Program		Name of Supervisor							
		Date of Evaluation							
Statu	s: Probationary (twice per year)	Permanent (Once every other year)							
Dates of:									
	Pre-evaluation Conference/		Observation						
	Evaluation Conference/	_/							
	Evaluation Parameters Co	omments	Meets Standard	Needs s Improvement	Does Not Meet Standards				
1.0	Program Services								
	1.1 Quality of individual student plan.								
	1.2 Effectiveness of crisis intervention.								
	1.3 Quality of counseling.								
	1.4 Quality of records and report.								
	1.5 Quality of inservice programs.								
2.0	Interpersonal Skills		_	_					
	2.1 Rapport with students.								
	2.2 Rapport with parents.								
	2.3 Rapport with school personnel.								
	2.4 Rapport with agencies/community resources.								

3.0	Professional Standards			
	3.1 Displays initiative and follow through.			
	3.2 Appearance of work area.			
	3.3 Professional growth.			
Stren	ngths			
Reco	mmendations			
Empl	oyee	Date		
Supe	rvisor	Date		
nc:	Personnel File			

pc: Personnel File Supervisor Employee