

Tim A. Hire, County Superintendent of Schools

Tulare County Office of Education

Evaluation Form for School Counselor

Name of Teacher	Name of Supervisor		
Program Status: Probationary <i>(twice per year)</i>	Date of Evaluation Permanent (Once every other year)		
Dates of:			
Pre-evaluation Conference//	Observation//		
Evaluation Conference//			

	Evaluation Parameters	Comments	Meets Standards	Needs 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

0.0				
	3.1 Displays initiative and follow through.			
	3.2 Appearance of work area.			
	3.3 Professional growth.			
Stren	gths			
Reco	mmendations			
Emplo	byee	Date		
Super	visor	Date		
pc:	Personnel File Supervisor Employee			