

**PERRIS UNION HIGH SCHOOL DISTRICT
 CERTIFICATED EVALUATION FORM
 Counselor**

Tenured:
 Probationary: 1st 2nd
 Other:

Employee Name: _____
 Work Site: _____
 School Year: _____

Scale: **M**=Meets Standards **N**=Needs Improvement **U**=Unsatisfactory **NA**=Not Applicable

In the areas of evaluation below, check off your rating of the employee based on the above scale in the boxes provided. A “Needs Improvement” or “Unsatisfactory” rating must be accompanied by specific written suggestions to improve performance (use Improvement Plan).

AREAS OF EVALUATION:	M	N	U	NA
1. National Standard A Academic Development				
1.1 Maintains appointments with parents/staff/students				
1.2 Assists students/parents with goal setting/post high school plans				
1.3 Provides students with appropriate and timely feedback				
1.4 Participates in pre-registration and registration planning and processes				
2. National Standard B Career Development				
2.1 Designs four year plans and develops appropriate programs for each student				
2.2 Evaluates each student’s program and make changes as needed				
2.3 Prepares credit evaluations to ensure students are meeting educational/career goals				
2.4 Provides a system to ensure dissemination of materials and information concerning colleges, jobs, scholarships, student loans and grants				
3. National Standard C Social /Personal Development				
3.1 Provides support for Special Education students and 504 participants				
3.2 Provides crisis counseling and makes referrals to appropriate support agencies				
3.3 Counsels students regarding personal and social concerns				
3.4 Provides assistance for peer tutoring and/or peer counseling programs				
3.5 Participates in Student Study Team (SST)				
3.6 Makes referrals to the Student Assistance Programs				
3.7 Participates in teacher/parent/student conferences				
3.8 Serves as a referral agent and consults with teachers to promote cooperative efforts				

AREAS OF EVALUATION:	M	N	U	NA
4. Professional Counseling Standards				
4.1 Establishes and maintains open communications with parent/student/staff				
4.2 Provides non-classroom supervision when applicable				
4.3 Maintains a professional demeanor at all times				
4.4 Displays empathy and respect for students				
4.5 Adheres to contractual hours of employment				
4.6 Participates in building of the Master Schedule				
4.7 Participates in professional growth and staff development activities				
4.8 Establishes and maintains productive working relationships				
4.9 Prepares and maintains accurate records				
4.10 Adheres to guidelines for confidentiality issues				
4.11 Provides regular and prompt professional services				

5. Overall Evaluation:

a. Commendations:

b. Recommendations:

6. Improvement Plan: This employee performs professional duties conducive to the academic, social, and emotional needs of all students.
 Yes No Needs to improve

Date scheduled to review Improvement Plan (if needed):

7. Employment Status Recommendation:

8. Five-Year Evaluation:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| - Employee requests an initial five-year evaluation: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| - Evaluator approves based on established criteria in Education Code Section 44664: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| - Assistant Superintendent gives final approval: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Signature, Asst. Supt. – Human Resources

Evaluatee's signature does not indicate endorsement of the evaluation but is recognition that discussion has taken place. Unit member may submit a letter of rebuttal to evaluation, if they so desire.

Counselor's Signature

Date

Evaluator's Signature

Date

- White: Personnel File
- Yellow : Site Administrator
- Pink: Employee