

EVALUATION OF GENERAL COUNSELOR EFFECTIVENESS

Name _____ Year _____

School _____ Counselor/Student Ratio _____

This counselor evaluation will be based upon the specific assignment(s) within the context of the defined counselor role.

Evaluator comments must be written for each category.

E = Effective NI = Needs Improvement NE = Not Effective

I. Program, Planning, Coordination and Evaluation: E _____ NI _____ NE _____

A. Schedule Course Selection and Adjustments 3 2 1

Counselor Comment:

Evaluator Comment:

B. Team Meetings 3 2 1

Counselor Comment:

Evaluator Comment:

C. Other (i.e., Career and College Day,
Curriculum Development Input) 3 2 1

Counselor Comment:

Evaluator Comment:

II. Student Appraisal and Evaluation: E _____ NI _____ NE _____

A. Test Administerings 3 2 1

Counselor Comment:

Evaluator Comment:

B. Test Interpretations 3 2 1

Counselor Comment:

Evaluator Comment:

III. Counseling: E _____ NI _____ NE _____

A. Individual 3 2 1

Counselor Comment:

Evaluator Comment:

B. Group 3 2 1
Counselor Comment:
Evaluator Comment:

IV. Consulting:

A. Parents 3 NI 2 NE 1
Counselor Comment:
Evaluator Comment:

B. Teachers 3 2 1
Counselor Comment:
Evaluator Comment:

C. Community Agencies 3 2 1
Counselor Comment:
Evaluator Comment:

D. Referrals to Other Agencies 3 2 1
Counselor Comment:
Evaluator Comment:

V. Professional Development

A. Participation in In-Service 3 NI 2 NE 1
Counselor Comment:
Evaluator Comment:

B. Conducting In-Service 3 2 1
Counselor Comment:
Evaluator Comment:

Evaluation of General Counselor Effectiveness

	E	NI	NE
	_____	_____	_____
C. Professional Readings, Organizations, Etc.	3	2	1

Counselor Comment:

Evaluator Comment:

D. Knowledge of Resources	3	2	1
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Counselor Comment:

Evaluator Comment:

VI. <u>General Responsibilities:</u>	E	NI	NE
	_____	_____	_____

Counselor Comment:

Evaluator Comment:

Since each category or sub-category does not carry the same weight or value of importance, the overall evaluation is not a simple average of the various component

OVERALL EVALUATION: Effective _____ Needs Improvement _____ Not Effective _____

Counselor' Reaction and Requests:

A. Reaction: Positive _____ Negative _____

B. Requests: I request additional help from Supervisor _____
 I request a conference with Assistant Superintendent of Curriculum and Instruction _____
 I request a re-evaluation _____

Counselor's Signature _____ Date _____

Principal/Vice Principal/s Signature _____ Date _____

Supervisor's Signature _____ Date _____