

# CULVER CITY UNIFIED SCHOOL DISTRICT

2016-2017

## COUNSELOR EVALUATION

Counselor: \_\_\_\_\_ School: \_\_\_\_\_ Dates: \_\_\_\_\_  
Mid Year End the Year

Rating: E = Exceeds Expectations; M = Meets Expectations; N = Needs Improvement; U = Unsatisfactory

Mid-Year	End of Year	Domain
_____	_____	<p>1. <u>Objectives</u> - List three (3) specific objectives to be mutually agreed to by the evaluator and evaluatee.</p> <p style="margin-left: 40px;">A. _____                      _____</p> <p style="margin-left: 40px;">B. _____                      _____</p> <p style="margin-left: 40px;">C. _____                      _____</p>
_____	_____	<p>2. <u>Assessment</u></p> <p style="margin-left: 40px;">a. Participates as a member of the Individual Education Program Team.</p> <p style="margin-left: 40px;">b. Responsible for the proper placement of students in both the regular and Special Education Academic Programs.</p> <p style="margin-left: 40px;">c. Gather necessary data regarding individual students exhibiting learning and/or behavioral exceptionalities through observation, teacher and parent referral, school and community services.</p>

Mid Year	End of Year	Domain
_____ _____ _____	_____ _____ _____	<p>3. <u>Consultation</u></p> <p>a. Consults with teachers and other professionals in relation to specific classroom and/or students ' concerns.</p> <p>b. Consults with parents through initiation of parent or administrator referral.</p> <p>c. Participates in the Student Study Team.</p>
_____ _____ _____	_____ _____ _____	<p>4. <u>Counseling</u></p> <p>a. Counsels individuals and groups of students.</p> <p>b. Provides crisis intervention.</p> <p>c. Consults with other agencies and organizations, both public and private, regarding individual cases.</p>
_____ _____	_____ _____	<p>5. <u>Coordination</u></p> <p>a. Coordinates with other student-related programs both in and outside of the District.</p> <p>b. Participation in transition and articulation processes</p>
_____ _____ _____	_____ _____ _____	<p>6. <u>Adjunct</u></p> <p>a. Maintains professional competence through participation in selected professional growth activities.</p> <p>b. Encourages innovations in educational practice based on current research.</p> <p>c. Represents the District outside of the district (e.g., SARB)</p>



**Counselor's Evaluation Summary**

Counselor's Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Counselor's Section: \_\_\_\_\_

Status:      ( ) Permanent              ( ) Temporary

Commendations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Observations: \_\_\_\_\_

Dates of Conferences: \_\_\_\_\_

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**This form will become part of the personnel file. The counselor has the right to respond in writing and to have that response attached to the evaluation.**

Distribution: Office of Human Resources  
Counselor  
Evaluator

**Optional Evaluation Plan  
Counselor:**

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Monitoring Conference:

\_\_\_\_\_  
Supervisor's Initials

\_\_\_\_\_  
Counselor's Initials

( ) Check here if additional information and/or documentation is attached.

=====

Monitoring Conference: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Initials

\_\_\_\_\_  
Counselor's Initials

Check here if additional information and/or documentation is attached.

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

\*Signature of receipt only, does not imply agreement.

Check here if Counselor has submitted a written response

Distribution:- Personnel File Office of Human Resources

Copy - Counselor

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**Optional Evaluation Plan**

Counselor: \_\_\_\_\_

The use of this form shall be with the mutual agreement of the evaluator and evaluatee. Information on this form may not be used to reflect adversely

**Goal(s) for Improvement**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Activities**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**End of Year Counselor's Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**End of Year Administrator's Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

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Check here if Counselor has submitted a written response.

Distribution: Original - Personnel File, Office of Human Resources  
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