

LAFAYETTE PARISH SCHOOL BOARD
 COUNSELOR OBSERVATION/EVALUATION/SELF-EVALUATION FORM

Years: 0-3 ____ 4+ ____

Evaluatee's Name _____ School _____

Position _____

Evaluator's Name _____ Position _____

Use one of the following codes in each blank below:

[**SP** (Successful Performance), **NI** (Needs Improvement), **UP** (Unsatisfactory Performance), **NR** (Not Rated)]

Note: A narrative explanation of each **NI** or **UP** rating must be written on this form. This explanation will point out the area of weakness(es) and make suggestions for improvement.

	Comments
I. Effectiveness as a professional counselor	
____ A. Relates effectively with others	
____ B. Functions in an organized manner	
____ C. Uses realistic goals, prioritizes counselor activities	
____ D. Assumes responsibility for individual professional growth by participating in training and in service educational programs	
____ E. Adheres to national and state codes of ethics	
____ F. Establishes a professional growth plan	
____ G. Implements procedures for the successful completion of growth plan	
II. Effectiveness with students	
____ A. Has a good rapport with students	
____ B. Conducts personal counseling through individual or group sessions	
____ C. Assists students with educational and vocational goals	
____ D. Assists students in self-appraisal through test interpretation of students potential and achievement	
____ E. Encourages and assists students to use other service personnel when appropriate	
III. Effectiveness with teachers/administrators	
____ A. Has good rapport and cooperates with school personnel	
____ B. Functions as a resource consultant to teachers and administrators	
IV. Effectiveness with parents and community	
____ A. Promotes a relaxed atmosphere for communication between school and home	
____ B. Responds to parental needs for counselor services	
____ C. Cooperates with community and school services programs and activities	
V. Effectiveness in guidance management	
____ A. Assists students with academic plans	
____ B. Maintains current materials dealing with educational and occupational information	
____ C. Is prompt and accurate with reports and/or communications	
____ D. Is punctual, attends meetings, and keeps scheduled appointments	

Commendations/Recommendations: _____

Overall Evaluation (check): Successful Performance Needs Improvement Unsatisfactory
 An analysis of this observation indicates an intensive assistance program is needed. Yes No

Signature of Evaluator: _____ Title _____ Date _____

Comments by Evaluatee: _____

Self-evaluation to be placed in official file: Yes No Or placed in un-official file: Yes No
 I have read and discussed the content of this observation form. My signature denotes neither agreement nor disagreement. It does indicate that I have received a copy of this form.

Signature of Evaluatee _____ Date _____

If Self-Evaluation, initial of Principal/Supervisor/Evaluator denotes receipt of Self-Evaluation _____ Date _____