

Ketchikan Gateway Borough School District  
COUNSELOR EVALUATION FORM

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

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Assignment/Grade: \_\_\_\_\_ Number of Students: \_\_\_\_\_

Evaluator Note: Please initial in box after reviewing

**DEFINITION OF AREAS TO BE EVALUATED**

The following are definitions of the areas of performance in which counselor of the Ketchikan Gateway Borough School District will be evaluated. The definitions are designed to communicate a general understanding of the level of performance expected of counselors in the District.

D= deficient    N= needs improvement    P=proficient    E=exceptional    Leave blank if don't know

**1. KNOWLEDGE OF SUBJECT**


- 1.0 Relates content, concepts, and skills to educational goals and life applications
- 1.1 Uses learning materials effectively to enhance and extend learning
- 1.2 Responds to student questions and refers to sources of information
- 1.3 Demonstrates knowledge of effective counseling techniques

Comments:

**2. PLANNING AND ACCOMPLISHMENT OF OBJECTIVES**


- 2.0 Establishes clear and appropriate objectives for students
- 2.1 Establishes objectives aligned with district goals and clearly communicates them to teachers and parents
- 2.2 Provides multiple opportunities for students to be successful

Comments:

### 3. EFFECTIVENESS OF COUNSELING TECHNIQUES

D	N	P	E

- 3.0 Encourages student centered exploration
- 3.1 Provides opportunities for students to apply higher level thinking skills to life situations or simulations
- 3.2 Uses methods based on current and effective research
- 3.3 Provides appropriate pace and sequence of activities for varying needs, styles, and rates of learning

Comments:

### 4. ASSESSMENT OF STUDENT PROGRESS

D	N	P	E

- 4.0 Aligns appropriate assessment tools to district objectives
- 4.1 Communicates criteria for assessment to students and parents
- 4.2 Provides continual feedback to students and parents in a positive manner
- 4.3 Provides feedback through methods and materials that are free of bias and/or discrimination

Comments:

### 5. MANAGEMENT

D	N	P	E

- 5.0 Organizes office/space to accommodate varying groups based on experiences, learning styles and needs of students
- 5.1 Manages materials and space effectively for attainment of objectives
- 5.2 Creates a positive nondiscriminatory environment
- 5.3 Establishes and communicates rules, routines, and responsibilities
- 5.4 Follows building and district procedures correctly and in a timely manner such as recording attendance, preparing reports, and developing activities.

Comments:

## 6. INTERACTION WITH LEARNERS

D N P E

D	N	P	E

- 6.0 Demonstrates empathy, respect, and concern for students
- 6.1 Shows sensitivity and is responsive to students' needs
- 6.2 Respects diversity within the school
- 6.3 Disciplines students in a positive manner with consequences that are dignified and consistent
- 6.4 Provides opportunity for student choice with effective balance between exercising rights and accepting responsibilities
- 6.5 Provides an atmosphere conducive to active listening and engaged learning
- 6.6 Encourages inquiry from students and staff
- 6.7 Integrates appropriate community resources into the program

Comments:

## 7. PROFESSIONAL GROWTH

D N P E

D	N	P	E

- 7.0 Participates in opportunities for professional growth such as attending and assisting in development of inservices, conferences, courses, and workshops and serving on committees
- 7.1 Supports building /district goals

Comments:

## 8. PROFESSIONAL RELATIONSHIPS

D N P E


8.0 Works professionally and cooperatively with students, school staff, and district personnel

8.1 Works professionally and cooperatively with parents, and community

8.2 Encourages discussion and feedback, considers alternatives, and implements appropriate change

8.3 Maintains confidentiality pertaining to students and staff

Comments:

Signatures below indicate that this evaluation was covered in a meeting between the teacher and evaluator. It does not indicate that there was complete agreement. Written responses to this evaluation may be filed by the teacher.

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

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

Conference Date \_\_\_\_\_

One copy to Teacher

One copy to Principal

original to Central Office