

South Dakota School Counselor Annual Professional Evaluation Report

Name: _____

School: _____

Position: _____

Year: _____

Please refer to the School Counselors Level of Performance Rubric for the following:

U= Unsatisfactory B = Basic P = Proficient D = Distinguished

Domain 1: Planning and Preparation	U	B	P	D
1a: Demonstrating knowledge of counseling theory and techniques				
1b: Demonstrating knowledge of child and adolescent development				
1c: Establishing goals for the counseling program appropriate to the setting and the students served.				
1d: Demonstrating knowledge of state and federal regulations and of resources both within and beyond the school and district				
1e: Planning the counseling program, integrated with the regular school program				
1f: Developing a plan to evaluate the counseling program				

Domain 1 – Comments: (evidence of strengths and areas of improvement)

Domain 2: The Environment	U	B	P	D
2a: Creating an environment of respect and rapport				
2b: Establishing a culture for productive communication				
2c: Managing routines and procedures				
2d: Establishing standards of conduct and contributing to the culture for student behavior throughout the school.				
2e: Organizing physical space				

Domain 2 – Comments: (evidence of strengths and areas of improvement)

Domain 3: Delivery of Service	U	B	P	D
3a: Assessing students needs				
3b: Assisting students and teachers in the formulation of academic, personal/social, and career plans, based on the knowledge of students needs.				
3c: Using counseling techniques in individual and classroom programs.				
3d: Brokering resources to meet needs				
3e: Demonstrating flexibility and responsiveness				

Domain 3 – Comments: (evidence of strengths and areas of improvement)

Domain 4: Professional Responsibilities	U	B	P	D
4a: Reflecting on practice				
4b: Maintaining records and submitting them in a timely fashion				
4c: Communicating with families				
4d: Participating in a professional community				
4e: Engaging in professional development				
4f: Showing professionalism				

Domain 4 – Comments: (evidence of strengths and areas of improvement)

Evaluation Summary

Evaluator: _____

Position: _____

School Counselor: _____

School: _____ **Year Evaluation Completed:** _____

Comprehensive Comments:

Strengths:

Areas of professional growth:

Professional goals:

This evaluation has been discussed with me. Yes No

Evaluator Signature	Date:
School Counselor Signature	Date: