

Year

Self

Full

Montgomery County Professional Staff Summative/Evaluation Form

GUIDANCE COUNSELOR _____

School _____

Primary Evaluator _____

Date _____

<i>INDICATORS</i>	<i>EXPECTATION</i>	NOT APPLICABLE	DOES NOT MEET EXPECTATIONS	MEETS EXPECTATIONS
COUNSELING				
1. Provide educational, personal, and career counseling for individual students				
2. Provide small group counselling to students on developmental issues and to those with common problems and concerns				
3. Provide counseling for parents in areas related to their student's schooling and growth and development				

Comments: _____

<i>INDICATORS</i>	<i>EXPECTATION</i>	NOT APPLICABLE	DOES NOT MEET EXPECTATIONS	MEETS EXPECTATIONS
GROUP GUIDANCE/INFORMATION				
4. Provide a planned, sequential, developmental program of guidance activities, informational in nature, to foster students' academic, personal-social, and career development				
5. Collaborate with teachers in presenting information on problem-solving and decision-making techniques and behaviors and attitudes necessary for success in education, career, and responsible citizenship				

Comments: _____

<i>INDICATORS</i>	<i>EXPECTATION</i>	NOT APPLICABLE	DOES NOT MEET EXPECTATIONS	MEETS EXPECTATIONS
CONSULTATION/COORDINATION				
6. Consult with parents, teachers, and administrators to seek solutions for students with problems				
7. Collaborate with other helping personnel inside and outside the school system for the benefit of students				
8. Assist parents to obtain needed services for their students through a referral and follow-up process				
9. Coordinate student transitions to the next educational/career levels				
10. Provide staff development activities for teachers and school staff regarding their involvement in the guidance program				
11. Orient new students to the school				
12. Provide liaison for collaboration between the school and community agencies				
13. Provide leadership to organize and maintain a school crisis team				

Comments: _____

Self _____ Full _____

Formal _____ Informal _____

**MONTGOMERY COUNTY PUBLIC SCHOOLS
COUNSELOR OBSERVATION RECORD**

Evaluatee _____

Date _____

Subject/Grade Level _____

Time of Observation _____ - _____

Indicators from the Professional Staff Evaluation Form include:

- A. Counseling
- B. Group Guidance/Information
- C. Consultation/Coordination

- D. Assessment/Placement
- E. Professional Qualities

Evaluatee's signature _____

(Observation has been read; does not necessarily indicate agreement.)

(Evaluatee comments attached)

Evaluator's signature _____

Three copies: Assistant Superintendent
Evaluator's File
Evaluatee