JEFFERSON COUNTY PUBLIC SCHOOLS

SCHOOL COUNSELOR INTERIM SUMMATIVE EVALUATION

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| --- | --- | --- | --- |
| **NAME:** |  | **DATE:** |  |
| **ID #:** |  | **LOCATION NAME:** |  |
| **SUPERVISOR/EVALUATOR:** |  |
| **DATES OF OBSERVATIONS:** |  |

**Narrative Comment by Evaluator**

Following observation(s), the evaluator will make narrative comment on the performance of the school counselor based on agreed upon framework for school counselors..

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PROFESSIONAL GROWTH PLAN

The Professional Growth Plan addressed the Standards and Performance Indicators of:

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OPTIONAL COMMENTS BY EVALUATOR AND/OR SCHOOL COUNSELOR

Optional comments may be written below or may be attached to this form provided by the evaluator and school counselor have initialed all additional pages.

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The school counselor may submit a written response within ten (10) days to be sent to Employee Relations for inclusion in the school counselor’s personnel file with a copy to the evaluator.

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|  |  |  |
| Employee |  | Date |
|  |  |  |
| Principal/Cost Center Head |  | Date |

Distribution: Personnel File

 Principal

 Employee