

# SANTEE SCHOOL DISTRICT

# Alternative Evaluation System

## Project Proposal

Name:	Date:
Schools:	Assignment/ Grade Level:

School Counselor/School Social Worker completes prior to conference. Add pages as needed.  
(Provide two copies)

1. Briefly describe your professional philosophy.
  
  
  
2. Describe your proposal and how it relates directly to both student support and the District Strategic Plan Targets.
  
  
  
3. Explain your plan for peer and supervisor collaboration, feedback and observation. Include how you will disseminate information about your project.
  
  
  
4. What are your detailed criteria for evaluation? What evidence will you include in the project portfolio?
  
  
  
5. Specify tasks/benchmarks and months to be completed.

Timeline:       1 Year               2 Years

*I agree to the project objectives outlined above.*

School Counselor /  
School Social Worker's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Form Due: October 15

*Distribution: Evaluator, Evaluatee & Personnel file*

FORM 10

**SANTEE SCHOOL DISTRICT**  
**Alternative Evaluation System**  
**Mid-Year Reflection**

Name:	Date:
Schools:	Assignment/ Grade Level:

Summary of input from peers and supervisor:

Personal reflections:

School Counselor /  
School Social Worker's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Form Due: January 31*  
*Distribution: Evaluator, Evaluatee & Personnel file*

# SANTEE SCHOOL DISTRICT Alternative Evaluation System End of Year Report

Name:	Date:
Schools:	Assignment/ Grade Level:

School Counselor/School Social Worker completes prior to conference:

1. Evaluate the extent and degree to which you accomplished your goals as set forth in your proposal.
2. Please write a short statement indicating how this project/research enhanced your professional growth.
3. How did your project/research impact student learning?
4. How would you change your project/research if you were to do it again?
5. How will you continue to use what you learned this year?
6. What are your plans for subsequent growth?
7. Other comments regarding this project or process.

School Counselor /  
School Social Worker's Signature: \_\_\_\_\_ Date \_\_\_\_\_

This form will be placed in the personnel file as part of the evaluation documents.

*Form Due: May 20*

*Distribution: Evaluator, Evaluatee & Personnel file*

FORM 12

**SANTEE SCHOOL DISTRICT**  
**Alternative Evaluation System**  
**Final Evaluation**

Name:	Date:
Schools:	Assignment/ Grade Level:

Feedback and recommendations of supervisor (Include response to all of the project components):

**Satisfactory**

**Making Progress**

**Unsatisfactory**

School Counselor /  
School Social Worker's Signature: \_\_\_\_\_ Date \_\_\_\_\_

I intend to complete an Employee Comment, Reflections, or Feedback form.

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Conference and Form Due: May 30*

*Distribution: Evaluator, Evaluatee & Personnel file*

FORM 13

# SANTEE SCHOOL DISTRICT Alternative Evaluation

## Employee Comments, Reflections, or Feedback (Optional)

Name:	Date:
Schools:	Assignment/ Grade Level:

Employee comments, reflections, or feedback regarding supervisor's Final Evaluation:

School Counselor /  
School Social Worker's Signature: \_\_\_\_\_ Date \_\_\_\_\_

If utilized by the employee, this form must be forwarded by the employee to the Human Resources Department to be placed in the personnel file with the evaluation documents.

\_\_\_\_\_  
STA President

\_\_\_\_\_  
District Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date