

# SANTEE SCHOOL DISTRICT

## Pre-Evaluation Form

### Plan to Demonstrate Competency

#### Track I

Complete four (4) forms, one for each of four (4) State standards

Name	Date	
Site	Assignment/Grade Level	(Include current year) <input type="checkbox"/> Temporary _____ years <input type="checkbox"/> Probationary _____ years <input type="checkbox"/> 1 <sup>st</sup> Year Tenured

School Counselor/School Social Worker Standard:

- Implement responsive services through the effective use of individual and small group counseling, consultation, and referral skills - *Standard 1*
- Promote and maintain a safe and supportive learning environment - *Standard 2*
- Plan, implement, and evaluate programs to promote academic, career, personal, and social development of students - *Standard 3*
- Collaborate and coordinate with school and community resources - *Standard 4*
- Utilize multiple sources of information to monitor and improve student behavior and assessment - *Standard 5*
- Develop as a professional School Counselor/School Social Worker - *Standard 6*

Specific goal(s) addressed by this plan:

Plan for implementation (includes strategies for school counselor/school social worker timelines, resources, or support):

Plan for monitoring progress:

Implementation signatures:

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

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

*Four (4) Pre-Evaluation forms Due Oct 15*

FORM 1

*Distribution: Evaluator, Evaluatee & Personnel file*

# SANTEE SCHOOL DISTRICT

## Formal Certificated Observation

### Track I

To be completed at least four (4) times during the evaluation year

Teacher			Date	
Site	Day: M T W Th F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beginning Time	Duration of Observation	
Lesson Objective			Subject of Activity Observed	

**Observed:** It is not anticipated that each area will necessarily be observed in any given observation. Check item if observed. Check specific elements if appropriate.

- Implement responsive services through the effective use of individual and small group counseling, consultation, and referral skills - *Standard 1*
- Promote and maintain a safe and supportive learning environment - *Standard 2*
- Plan, implement, and evaluate programs to promote academic, career, personal, and social development of students - *Standard 3*
- Collaborate and coordinate with school and community resources - *Standard 4*
- Utilize multiple sources of information to monitor and improve student behavior and assessment - *Standard 5*
- Develop as a professional School Counselor/School Social Worker - *Standard 6*

Supervisor's comments:

School Counselor/School Social Worker analysis & reflection of student learning:

Post conference summation:

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

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

Evaluatee's signature does not constitute endorsement of evaluator's comments, but acknowledges that an observation has taken place.

*Distribution: Evaluator, Evaluatee & Personnel file*

# SANTEE SCHOOL DISTRICT

## Track I

### Mid-Year Evaluation

Name		Date
Site	Assignment/Grade Level	(Include current year) <input type="checkbox"/> Temporary _____ years <input type="checkbox"/> Probationary _____ years <input type="checkbox"/> 1 <sup>st</sup> Year Tenured

**Feedback and recommendations of supervisor:**

**Satisfactory**

**Making Progress**

**Unsatisfactory**

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

I intend to complete an Employee Comment, Reflections, or Feedback form. (Form 5)

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

*Form due: January 31*

*Distribution: Evaluator, Evaluatee & Personnel file*

**FORM 3**

# SANTEE SCHOOL DISTRICT

## Track I

### Final Evaluation

Name		Date
Site	Assignment/Grade Level	(Include current year) <input type="checkbox"/> Temporary _____ years <input type="checkbox"/> Probationary _____ years <input type="checkbox"/> 1 <sup>st</sup> Year Tenured

**Feedback and recommendations of supervisor:**

**Satisfactory**

**Making Progress**

**Unsatisfactory**

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

I intend to complete an Employee Comment, Reflections, or Feedback form. (Form 5)

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

*Form due: March 1*

*Distribution: Evaluator, Evaluatee & Personnel file*

FORM 4

# SANTEE SCHOOL DISTRICT

## Track I

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

Name		Date
Site	Assignment/Grade Level	(Include current year) <input type="checkbox"/> Temporary _____ years <input type="checkbox"/> Probationary _____ years <input type="checkbox"/> 1 <sup>st</sup> Year Tenured

**Employee comments, reflections, or feedback:**

School Counselor /  
 School Social Worker 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