

**COORDINATOR, STUDENT SERVICES**  
**Summative Appraisal Form**

Name \_\_\_\_\_

Location \_\_\_\_\_

Appraisal Period: From \_\_\_\_\_ to \_\_\_\_\_

Date of Review \_\_\_\_\_

**Directions**

The following statements describe the employee who achieves success. Based on cumulative performance information, the evaluator estimates the employee's effectiveness in meeting each criterion. Rate each criterion using the scale below that most closely describes the employee's attainment of that criterion. For each domain, a comment area is provided for general statements and/or recommendations.

**Rating Scale**

- 5 Clearly Outstanding:** Performance is consistently far superior to what is normally expected.
- 4 Exceeds Expectations:** Performance demonstrates increased proficiency and is consistently above expectations.
- 3 Meets Expectations:** Performance meets expectations and presents no significant problems.
- 2 Below Expectations:** Performance is consistently below expectations and significant problems exist.
- 1 Unsatisfactory:** Performance is consistently unacceptable.
- 0 Not Applicable**

**JOB PERFORMANCE STATEMENTS**

**Illness/Injury Prevention and Treatment**

- \_\_\_\_1. Conducts individual and group counseling sessions to encourage peer support and enhance social development of students including developing the ability to accept responsibility for their actions, resolve conflicts, develop decision-making skills, and handle crisis. Work with students to improve attendance.
- \_\_\_\_2. Performs casework service with parents to increase the parents' understanding, their constructive participation in resolving their child's problems and their knowledge and use of available and appropriate resources.
- \_\_\_\_3. Provides crisis support and counseling to students, parents, and school staff.
- \_\_\_\_4. Coordinates and integrates school and community resources and refers school staff and parents to community resources where appropriate.

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

**Assessment**

- \_\_\_\_5. Identifies and explores causes of students' dysfunction as it relates to the home, school, and community including making home visits to gather information relating to students. Arranges for medical, psychiatric, and other tests and examinations that may disclose causes of difficulties and indicate remedial measures.

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

**Consultation**

- \_\_\_\_ 6. Works with school personnel to help students explore alternative education programs and career counseling.
- \_\_\_\_ 7. Serves as consultant to school personnel regarding students or situations that are not referred for direct district or outside services.
- \_\_\_\_ 8. Contributes to the planning and implementation of parent involvement activities. Develops and conducts parenting training and support groups
- \_\_\_\_ 9. Consults with parents regarding their children’s behavior and social-emotional needs.
- \_\_\_\_ 10. Informs student and parents of their rights and responsibilities under federal and state law including compulsory attendance.

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

**Program Management**

- \_\_\_\_ 11. Develops and maintains effective individual and group relationships with students and parents.
- \_\_\_\_ 12. Develops and coordinates a continuing evaluation of prevention and intervention strategies and make changes based on the findings.
- \_\_\_\_ 13. Compiles, maintains, and files all reports, records, and other required documents.
- \_\_\_\_ 14. Complies with policies established by federal and state laws, State Board of Education rule, and board policy. Complies with all district and campus routines and regulations.

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

**Other**

- \_\_\_\_ 15. Follows district safety protocols and emergency procedures.

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

What strengths does \_\_\_\_\_ possess?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What are some improvements \_\_\_\_\_ can make to ensure a higher degree of success for students on this campus/department?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Summative Conference Comments:

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**Recommendation of Evaluator:** I have read and received a copy of this evaluation. I have reviewed this instrument.

Renewal and/or Extension of Assignment

Non-renewal of Assignment

Termination of Assignment

Non-extension of Assignment

\_\_\_\_\_  
Administrator (Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date