**SPECIAL EDUCATION COUNSELOR**
**Summative Appraisal Form**

Name_____ School 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**

**Major Responsibilities and Duties**

_____ 1. Provide individual, group counseling, and consultative services to students as documented in the student's IEP.

_____ 2. Deliver support focused on social skills, self-regulation, emotional awareness, and coping strategies.

_____ 3. Use specialized skills to support students in crisis situations requiring immediate response. Maintain a healthy and safe school environment by collaborating with district

_____ 4. Provide Crisis Prevention Institute (CP) training to campus staff, as needed.

_____ 5. Assist in responding to campus crisis situations, when needed.

_____ 6. Use accepted theories and effective techniques of developmental guidance to respond to problematic or critical incidents to support students and offer services in time of need.

_____ 7. Participate in student ARDs and Manifestation ARDs.

_____ 8. Prepare clear, measurable Counseling IEP goals, contribute to the PLAAFPs, and provide service recommendations to ARD Committees.

_____ 9. Maintain notes of all counseling sessions to document IEP progress.

_____ 10. Complete progress reports at the end of each grading period, including the Annual ARD.

_____ 11. Act as a student advocate, leader, collaborator, and systems change agent. Advocate for a school environment that acknowledges and respects diversity and ensures equitable access and placement in courses and programs for minority, disenfranchised, homeless, and other special populations.

_____ 12. Coordinate with school and community agencies to assist students and parents with additional counseling, mental health services, and other relevant resources.

**COMMENTS**: _____

_____

**System Support**

_____ 13. Maintain current CPI trainer certification.

_____ 14. Participate in behavioral staff meetings.

_____ 15. Attend continuing education and professional development activities to improve service delivery.

**COMMENTS**: _____

_____

**Other Related Duties**

_____ 16. Maintain the confidentiality of student information, assessments, and other relevant student data.

_____ 17. Comply with policies established by federal and state law, State Board of Education rule, board policy, and the Operating Guidelines of the Special Education Department. Adhere to legal, ethical, and professional standards for school counselors including current professional standards of competence and practice.

_____ 18. Comply with all district and campus routines and regulations.

_____ 19. Maintain a positive working relationship with other counselors, teachers, and district staff.

_____ 20. Maintain a positive and effective relationship with supervisors.

_____ 21. Maintain a positive and professional relationship with students.

_____ 22. Follow district safety protocols.

_____ 23. Other duties as assigned.

**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:

_____

_____

_____

_____

**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 (Signature) Date

_____ _____
Employee's Signature Date