



Counselor's Name: _____ Employee I.D. _____

THE INDEPENDENT SCHOOL DISTRICT OF BOISE CITY

COUNSELOR EVALUATION

PHILOSOPHY

Every community is vitally interested in the quality of instruction that goes on within its local school system. We believe that the key to effective instruction is an able professional employee whose performance is evaluated or appraised with a view to stimulating professional growth and improving competence. We further believe that performance which is carefully planned and constantly appraised will be more effective.

Evaluation is complex. We must recognize that human behavior is being evaluated. There does not exist, nor will there ever exist, a formula that will make evaluation easy and assure its complete success. Such evaluation must be considered as a process of appraisal in which all elements that constitute the teaching process are given appropriate consideration.

A program for appraisal of professional employees that is confined entirely to objective techniques and approaches will be predominately a rating system and nothing more. Although we have the responsibility of rating professional employees, we are more directly concerned with evaluating and appraising, with a view to improvement of performance.

EVALUATION PROCEDURE

The performance of all professional employees by the Boise Independent School District shall be evaluated for the purpose of improvement of instruction once every year. The evaluation shall be conducted by either the principal or an appropriate evaluator. Within five (5) days after the evaluation the employee shall be given a copy of the improvement of instruction instrument for his/her use in professional growth.

The performance of all professional employees who are in the first year of employment in the Boise Independent School District shall be evaluated in writing at least three times during the school year. The first evaluation shall be made before November 15. The principal, no later than February 1, of each year, shall submit the final written evaluation and recommendation to the teacher, the appropriate director and, upon request of the professional employee, a copy shall be forwarded to the Association. This, and all other evaluation reports, shall have an actual copy placed in the professional employee's personnel file within five (5) days following the evaluation.

When more than one evaluation is to be performed during the same year, at least one evaluation shall be performed by the principal and at least one by one other appropriate evaluator.

Each formal observation for evaluation shall be made in person for a minimum of thirty (30) consecutive minutes. All monitoring or observation of the work of the professional employee shall be conducted openly and with full knowledge of the professional employee.

Also to be considered in conjunction with the individual's performance are: Teaching load; Time to teach; Adequate materials; Planning period or planning time; Media and facilities; Provisions for in-service education and other factors that may influence the effectiveness of the professional employee. A copy of each written evaluation shall be submitted to the professional employee and upon request of the professional employee, a copy shall be sent to the Association within five (5) days. The professional employee shall sign each written evaluation. Such a signature does not indicate agreement or disagreement with the contents of the evaluation. On the evaluation instrument a place will be provided in each category for comments. It is possible that the professional employee may want to amplify and explain the rating. The professional employee shall be given an opportunity to review each written evaluation. A personal interview between the professional employee and the evaluator shall be held within five (5) days after the evaluation. A conference between the professional employee and principal shall be held within five (5) days after the third evaluation.

At the beginning of the school year, the principal shall prepare a list of qualified evaluators designated to evaluate professional employees within the building. A copy of this list shall be posted in the building on or before October 1 of each year.

Nothing shall prohibit the District from evaluating professional employees and keeping records of these evaluations when the District feels such evaluations are required.

School Counselor's Name _____ Date _____

Evaluator's Name _____ Evaluator's Position _____

(S) Satisfactory (U) Unsatisfactory (NE) Not Evaluated

I. System Support

- | | | | | |
|----|---|---|---|----|
| A. | Organizes time and plans ahead. | S | U | NE |
| B. | Searches for and recognizes alternative solutions to problems. | S | U | NE |
| C. | Keeps personnel office and/or assigned school(s) informed as to working schedule. | S | U | NE |
| D. | Keeps accurate, up-to-date records. | S | U | NE |
| E. | Actively assists in the utilization of other instructional and pupil personnel resources. | S | U | NE |
| F. | Keeps accurate contact log. | S | U | NE |
| G. | Keeps H.S. Career Folders. | S | U | NE |
| H. | Keeps transcript notebooks. | S | U | NE |

Comments:

II. Responsive Services/Individual Planning

- | | | | | |
|----|---|---|---|----|
| A. | Counsels with individual students. | S | U | NE |
| B. | Counsels with small groups of students. | S | U | NE |
| C. | Consults with staff. | S | U | NE |
| D. | Consults with parents. | S | U | NE |
| E. | Consults with administrators. | S | U | NE |
| F. | Makes appropriate referrals. | S | U | NE |
| G. | Establishes and maintains effective rapport with: | | | |
| | 1. Students | S | U | NE |
| | 2. Staff | S | U | NE |
| | 3. Parents | S | U | NE |
| H. | Provides opportunity for individual student planning in the areas of: | | | |
| | 1. Educational Goals | S | U | NE |
| | 2. Academic Placement | S | U | NE |
| | 3. Transition Planning | S | U | NE |

| | | | | |
|----|--|---|---|----|
| I. | Communicates effectively with: | | | |
| | 1. Administration | S | U | NE |
| | 2. Teachers | S | U | NE |
| | 3. Other Staff | S | U | NE |
| | 4. Parents | S | U | NE |
| J. | Provides test interpretation information to: | | | |
| | 1. Students | S | U | NE |
| | 2. Parents | S | U | NE |
| | 3. School Personnel | S | U | NE |
| K. | Other _____ | S | U | NE |

Comments:

III. Curriculum/Guidance Units

| | | | | |
|----|---|---|---|----|
| A. | Classroom Activities | | | |
| | 1. Plans lesson-written copies reviewed | S | U | NE |
| | 2. Presents information effectively (observation) | S | U | NE |
| | 3. Conducts classroom discussion effectively (observation). | S | U | NE |
| B. | Participates in Parent Education. | S | U | NE |
| C. | Participates in Child Study Teams. | S | U | NE |
| D. | Maintains consistent guidance curriculum schedule | S | U | NE |
| E. | Participates in/with student management team meetings. | S | U | NE |
| F. | Other _____ | S | U | NE |

Comments:

IV. Professionalism

| | | | | |
|----|---|---|---|----|
| A. | Participates in professional growth activities. | S | U | NE |
| B. | Attends district inservice training. | S | U | NE |
| C. | Attends and participates in counselor staff meetings. | S | U | NE |
| D. | Other _____ | S | U | NE |

Comments:

Additional Remarks:

I have reviewed this evaluation and discussed the contents with my evaluator. My signature does not indicate agreement or disagreement with the contents of the evaluation.

SCHOOL COUNSELOR'S SIGNATURE _____ Date _____

EMPLOYEE ID NUMBER _____

SCHOOL _____

EVALUATOR'S SIGNATURE _____ Date _____