

EVANGELINE PARISH
GUIDANCE COUNSELOR
EVALUATION FORM

Counselor: _____

Date: _____

_____ 0 – 3 Years of Experience

Evaluation Period _____

_____ 4+ Years of Experience

School: _____

Evaluator: _____

Final evaluation rating is based on not only observation(s) but any documented evidence of performance through the evaluation period.

I. Performance and Professional Qualities

II. Job Responsibilities

III. Professional Growth Plan

A conference was held on _____ with the employee. The results of the evaluation was discussed and the counselor was rated as indicated below:

_____ **Satisfactory** _____ **Needs Improvement** _____ **Unsatisfactory**

Signatures below do not indicate agreement or disagreement with the above report.

Signature of Evaluator

Signature of Counselor

Date

Date

Counselor's Comments: _____

