## BILLINGS PUBLIC SCHOOLS Counselor Evaluation Form

NAME				
PRE-CONFERENCE DATE		OBSERVATION DATE(S)		
		SUBJECT AREA		
	l Evaluation	☐ SATISFACTORY	□ UNSA	TISFACTORY
(indica	te one):			SELECT SATISFACTOR
Α.	Participates in conference	s as needed		UNSATISFACT
В.	•	in the process of identifying students who		
В.	may benefit from social/emotional support.			
C.	Collaborates with parents and professionals to provide strategies for student improvement.			
D.	Provides school counseling support on an individual and/or group basis.			
E.	Assists in short-term crisis counseling for students/families facing emergency situations.			
F.	Supplies information on reprofessional consultation,	eferral sources and collaborates through as appropriate.		
G.	Develops appropriate rapp teachers.	ort with counselors, parents/guardians and		
Н.	Follows district policy, rul	les and procedures.		
I.	Is responsible for planning and managing an effective counseling program.			
J.		vledge and skills through participation in district-wide in-service training and		
K.	Showing Professionalism			
L.	Participates in community outreach for the coordination of services among school, community resources and referral agencies.			
М.	Plans and delivers classroo	om lessons aligned with district guidelines.		
following sussed.	signatures indicate the dat	a has been read and		
		Administrato	or's Signature	Date
ınselor's Si	gnature	Date	<del>o</del> -	

Cop

Administrator

Teacher Personnel File

The counselor has the option of presenting a written rebuttal to the administrator within twenty working (20) days.