

Confidential

**DIOCESE OF DAVENPORT
SCHOOLS OFFICE**

SUMMATIVE COUNSELOR EVALUATION

Counselor: _____
Last First Initial

School: _____

City: _____

Date: _____

Full Time Part Time

Number of Years as Counselor _____ Number of Years as Counselor Here _____

Diocesan Catechist Certification: Yes No Type _____

Hours Accumulated: _____ This Year

_____ Total

Professional Staff Development Participation: _____

Days Absent: Illness _____ Professional _____

Personal _____ Other _____

- Evaluation on basis of:
- | | |
|------------------------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Observation of formal contact with student(s) | <input type="checkbox"/> Audio tape |
| <input type="checkbox"/> Student Evaluation | <input type="checkbox"/> Video tape |
| <input type="checkbox"/> Self Evaluation | <input type="checkbox"/> Portfolio |
| <input type="checkbox"/> Written records, communication | <input type="checkbox"/> Peer Coaching |
| <input type="checkbox"/> Individual Conferences | <input type="checkbox"/> Verbatims |
| <input type="checkbox"/> Other | |
- Specify _____

EVALUATION

FAITH COMMUNITY MEMBER

1. Gives evidence of valuing Catholic philosophy of education
2. Contributes to the ongoing building of the school as a faith community
3. Demonstrates commitment to the value of prayer and participation in school community worship
4. Fosters apostolic consciousness and an awareness of peace and justice issues in students by witnessing to and encouraging Christian Service
5. Fosters an awareness of multicultural nonsexist issues as justice issues

Comments:

Acceptable

Strengths

Recommendations

COUNSELOR

1. Serves as student advocate
2. Maintains regular contact with administration and faculty concerning current guidance practices and student needs
3. Provides recognition to students for accomplishments and progress made
4. Consults with teachers to gain better understanding of students and to provide interpretation of information relative to them
5. Maintains availability to and regular contact with parents to increase awareness of guidance services and to address the particular needs of their children
6. Demonstrates an understanding of the principles of human growth and development
7. Demonstrates knowledge of guidance curriculum and approved guidelines

Comments:

Acceptable

Strengths

Recommendations

PERSONAL QUALIFICATIONS

- 1. Gives evidence of good health
- 2. Demonstrates emotional stability and self-confidence
- 3. Maintains a professional personal appearance

Comments:

Acceptable _____

Strengths _____

Recommendations _____

Evaluation Completed by: _____
Signature

Signature of Counselor