

PERFORMANCE APPRAISAL ANNUAL SUMMATIVE RATING SY

Annual summative form used for provisional and professional school guidance counselors.

Program Area: School Guidance Counselor

DISTRICT:

SCHOOL:

EDUCATOR'S NAME:

SOCIAL SECURITY NUMBER:

CHECK LEVEL:

Provisional Year 1

Provisional Year 2

PGP Year 1

PGP Year 2

PGP Year 3

SUPERVISOR'S NAME:

CONFERENCE DATES: , , , ,

	Professional Performance Elements	Meets	Does not meet
1.	Counseling Program Planning (Annual Plan) (Critical)		
2.	School Counseling Program Implementation (Critical)		
3.	Consultation Services (Critical)		
4.	Evaluation Services (Critical)		

FINAL ANNUAL RATING (check one):

Acceptable

Unacceptable

SIGNATURE OF EDUCATOR:

DATE:

SIGNATURE OF EVALUATOR:

DATE:

Comments: