

**SANTEE SCHOOL DISTRICT**  
**Pre-Evaluation Form**  
**Plan to Demonstrate Competency**  
**Track II**

- Level 2 – Complete four (4) forms, one for each of 4 State standards*
- Level 3 – Complete two (2) forms, one for each of 2 State standards*

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Name: _____	Date: _____
Schools: _____	Assignment/ Grade Level: _____

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School Counselor/School Social Worker Standard:

- Implement responsive services through the effective use of individual and small group counseling, consultation, and referral skills - *Standard 1*
- Promote and maintain a safe and supportive learning environment - *Standard 2*
- Plan, implement, and evaluate programs to promote academic, career, personal, and social development of students - *Standard 3*
- Collaborate and coordinate with school and community resources - *Standard 4*
- Utilize multiple sources of information to monitor and improve student behavior and assessment - *Standard 5*
- Develop as a professional School Counselor/School Social Worker - *Standard 6*

Specific goal(s) addressed by this plan:

Plan for implementation (includes strategies for school counselor/school social worker timelines, resources, or support):

Plan for monitoring progress:

Implementation signatures:

School Counselor/School Social Worker Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Four (4) Pre-Evaluation forms Due Oct 30*

FORM 6

*Distribution: Evaluator, Evaluatee & Personnel file*

# SANTEE SCHOOL DISTRICT

## Formal Certificated Observation

### Track II

To be completed at least four (4) times during the evaluation year - Level 2  
 To be completed at least two (2) times during the evaluation year - Level 3

School Counselor/School Social Worker:			Date:	
Sites:	Day: M T W Th F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beginning Time:	Duration of Observation:	
Lesson Objective:			Subject of Activity Observed:	

**Observed:** It is not anticipated that each area will necessarily be observed in any given observation. Check item if observed. Check specific elements if appropriate. The four previously identified standards for the year should be checked at least once during the year.

- Implement responsive services through the effective use of individual and small group counseling, consultation, and referral skills - *Standard 1*
- Promote and maintain a safe and supportive learning environment - *Standard 2*
- Plan, implement, and evaluate programs to promote academic, career, personal, and social development of students - *Standard 3*
- Collaborate and coordinate with school and community resources - *Standard 4*
- Utilize multiple sources of information to monitor and improve student behavior and assessment - *Standard 5*
- Develop as a professional School Counselor/School Social Worker - *Standard 6*

Evaluator's comments:

School Counselor/School Social Worker reflections regarding depth of student learning:

Post conference summation:

School Counselor/School Social Worker Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Evaluatee's signature does not constitute endorsement of evaluator's comments, but acknowledges that an observation has taken place.

FORM 7

*Distribution: Evaluator, Evaluatee & Personnel file*

**SANTEE SCHOOL DISTRICT**  
**Track II**  
**Final Evaluation**

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Name: _____	Date: _____
Schools: _____	Assignment: _____

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**Feedback and recommendations of supervisor:**

**Satisfactory**

**Making Progress**

**Unsatisfactory**

School Counselor/School Social Worker's Signature: \_\_\_\_\_ Date \_\_\_\_\_

I intend to complete an Employee Comment, Reflections, or Feedback form. (Form 8)

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

*This form will be placed in the personnel file.*

*Form due: May 20*

*Distribution: Evaluator, Evaluatee & Personnel file*

FORM 8

**SANTEE SCHOOL DISTRICT**  
**Track II**  
**Employee Comments, Reflections, or Feedback**  
**(Optional)**

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Name: _____	Date: _____
School: _____	Assignment: _____

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**Employee comments, reflections, or feedback:**

School Counselor/School Social Worker's Signature: \_\_\_\_\_ Date \_\_\_\_\_

If utilized by the employee, this form must be forwarded by the employee to the Human Resources Department to be placed in the personnel file with the evaluation documents.

\_\_\_\_\_  
STA President

\_\_\_\_\_  
District Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date