

Record of School Counselor's Evaluation Activities (Required)

Name: _____ ID# _____

School: _____ School Year: _____

Position: _____

Evaluator: _____ Title: _____

School Counselor Background: (Briefly describe the school counselor's educational background, years of experience, assignment, and any other factors that may impact the evaluation)

The North Carolina School Counselor Evaluation is based, in part, on informal and formal observations and conferences conducted on the following dates:

Activity	Date	School Counselor Signature	Evaluator Signature
Orientation			
Pre-Observation Conference			
Observation			
Post-Observation Conference			
Summary Evaluation Conference			
Professional Growth Plan Completed			