

## 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			