

## Record of School Social Worker Evaluation Activities (Required)

Name: \_\_\_\_\_ ID# \_\_\_\_\_

School: \_\_\_\_\_ SchoolYear: \_\_\_\_\_

Position/Assignment: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Title: \_\_\_\_\_

**School Social Worker Background:** (Briefly describe the School Social Worker’s educational background, years of experience, assignment, and any other factors that may impact the evaluation)

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

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