

# Ravena-Coeymans-Selkirk Central Schools Annual Performance Review for School Counselor

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Building: \_\_\_\_\_

Administrator: \_\_\_\_\_

APR for school year: \_\_\_\_\_ - \_\_\_\_\_

Probationary only	
<b>Certification</b> (specify area)	
<input type="checkbox"/>	transitional or initial
<input type="checkbox"/>	provisional
<input type="checkbox"/>	professional
<input type="checkbox"/>	permanent
Date Hired	Anticipated Tenure Date
<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>

**ASSIGNMENT (INCLUDE GRADE-LEVEL AND/OR SUBJECT)**

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**SPECIAL ASSIGNMENT(S) AND/OR RESPONSIBILITIES**

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Tenured			
List the <b>date, time, and subject</b> for which this staff member has been observed.			
Pre	Observation	Post	Subject
1.	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 200px; height: 25px;" type="text"/>
Probationary			
Pre	Observation	Post	Subject
2.	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 200px; height: 25px;" type="text"/>
3.	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 200px; height: 25px;" type="text"/>
<b>Evaluator, do you recommend that this staff member continue in the RCS School District?</b>			
<input type="checkbox"/> Yes			
<input type="checkbox"/> Provisionally, based on completion of the proposed activities and improvement in the areas documented below			

No

## PURPOSE OF ANNUAL PERFORMANCE REVIEW

The purpose of this annual performance review is to help improve performance or potential for performance by assessing strengths and identifying areas for improvement and growth.

### GENERAL DIRECTIONS

This review, when completed, is to be discussed at a conference with the staff member and evaluator. A copy of the proposed review should be provided no later than two school days prior to the conference. Further, a maximum of five school days should be given to the staff member, following the conference, to respond in writing if so desired.

A personal copy of this review, in its completed state, is to be provided to the staff member when it becomes part of the staff member's personnel file. All correspondence related to this review should be included with the original document when it is filed.

## **Form A: Counselor Criteria and Effectiveness**

The following checklist will be completed based on information yielded through observation(s) and Pre and Post Conference discussion between the administrator and the education professional. If the observation is of a professional meeting (eg. IST, CSE), no lesson plan is necessary.

For each of the areas described below, the evaluator is to place a check mark in the appropriate space that best describes the staff member's performance.

<b>Key: 4 = Highly Effective; 3 = Effective; 2 = Developing; 1 = Ineffective</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>Comments and evidence are mandatory for a rating of 1 and 2, optional for a 3 and 4.</b>
1. Helps to facilitate interactions among students, staff and parents; supports the development of a positive attitude; encourages the improvement of Interpersonal relationships among members of the school community; arranges parent teacher conferences as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Encourages student growth to support the development of students' positive attitudes about themselves; assists with and/or coordinates groups as needed for parents and/or students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is accessible to students, staff and parents. Meets with all new registrants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Maintains necessary contact with outside school agencies (ex. CPS, BOCES, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. Disseminates information (i.e., career, academic, social); keeps students and parents informed as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Successfully coordinates record keeping on testing, academic progress, scheduling, and related student information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Key**

- 4 Highly Effective** means well advanced in the profession showing through evidence of improved professional practice; utilizes ongoing professional development and reflection.
- 3 Effective** means more advanced in a profession; it implies a competence derived from training and practice.
- 2 Developing** means having requisite or adequate ability or qualities of knowledge or skill.
- 1 Ineffective** means lacking in necessary knowledge and/or required demonstration of skill.

Overall Score (check one):       4                               3                               2                               1

HEDI Rating (check one):  Highly Effective       Effective       Developing       Ineffective

Comments by evaluator:

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Comments by staff member:

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Probationary Only

**Identified area(s) in need of improvement:**

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**Suggestions for improvement:**

<b>Date</b>	<b>Proposed Activity</b>	<b>Documentation of Progress/Improvement</b>

\_\_\_\_\_  
**Administrator Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Member Signature\***

\_\_\_\_\_  
**Date**

\* The signature of the staff member indicates that he/she has read this review and has knowledge of, but not necessarily agreement with, its content

## Form B: Evidence Binder – School Counselor

One to three examples of evidence per element may be provided in the evidence binder.

Staff Member:

Date:

Evaluator:

Elements HS	Evaluator Evidence/Notes	HEDI Scoring				STAFF MEMBER Comments/Responses
		Highly Effective	Effective	Developing	Ineffective	
		4	3	2	1	
1. Counselors prepare students for current and future educational plans/goals through academic advising, post-secondary planning, and educational workshops		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Counselors address student attendance, academic, and/or behavioral concerns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Counselors maintain communication with parents/guardians		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Counselors collaborate and communicate with administrators & staff		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Counselors provide interventions and support for students, parents/guardians, teachers, administration		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Counselors will participate in professional development		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Overall Score (check one):     4                       3                       2                       1

HEDI Rating (check one):    Highly Effective     Effective     Developing     Ineffective

Elements MS	Evaluator Evidence/Notes	HEDI Scoring				STAFF MEMBER Comments/Responses
		Highly Effective	Effective	Developing	Ineffective	
		4	3	2	1	
1. Counselors will prepare students to effectively participate in their current and future educational programs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Counselors will assist any student who exhibits attendance, academic, behavioral or adjustment issues		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Counselors maintain communication with parents/guardians		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Counselors will provide instruction at each grade level in areas including career awareness, decision making, bullying, self-esteem and internet safety		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Counselors will coordinate scheduling, report cards/progress reports, record keeping, failure letters, summer school information and 504 plans		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Counselors will be available to consult with administrators, parents, faculty, staff and students		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Overall Score (check one):       4                       3                       2                       1

HEDI Rating (check one):  Highly Effective     Effective     Developing     Ineffective

Elements Elementary	Evaluator Evidence/Notes	HEDI Scoring				STAFF MEMBER Comments/Responses
		Highly Effective	Effective	Developing	Ineffective	
		4	3	2	1	
1. Counseling Counselor will counsel student A. Attendance B. Academics C. Behavioral/Adjustment Issues D. Suicide Intervention and Crisis Intervention/CRT supports		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Coordination Counselor will coordinate with teachers grades K-5 regarding A. Child sexual abuse lessons (Safety Lessons) B. Counseling lessons (as needed) C. Other student related matters Counselor will coordinate 504 meetings Counselor will coordinate IST meetings Counselor will coordinate changes in AIS letters Counselor will be the DASA Coordinator		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Collaboration/Communication Counselor will communicate and collaborate with A. Faculty, Staff and Administration B. Parents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Professional Development		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Reflection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Overall Score (check one):       4                       3                       2                       1

HEDI Rating (check one):  Highly Effective       Effective       Developing       Ineffective

Additional comments by evaluator (if needed):

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Additional comments by staff member (if needed):

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**End of Year Self Reflection – School Counselor**  
Each response should not exceed 250 words.

**What practices did I find helpful in supporting student learning objectives?  
What strategies need improvement?**

**How did personal professional development or advancements in my field positively influence my growth as a professional? How did I successfully incorporate it into my practice?**

**What resources, strategies/skills, or support are necessary for me to continue to make professional growth?**

Ravena-Coeymans-Selkirk Central Schools

Staff member, in this space, please identify your professional development goal for the coming year (probationary goals should be developed in collaboration with the evaluator).

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**Administrator Signature**

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**Date**

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**Staff Member Signature\***

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**Date**

\* The signature of the staff member indicates that he/she has read this review and has knowledge of, but not necessarily agreement with, its content