**Counselor’s Pre-Evaluation Form**

**Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Observer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

1. **Briefly describe how your knowledge of counseling strategies and child/adolescent development contributes to effective practice in your area of specialty. (1a, 1b, 3b, 3c, 3e)**
2. **How do you use data to determine what services are needed? How will outcomes be measured (short term or long term)? (3a, 4b)**
3. **What goals do you have for your counseling program, and how do you ensure that those goals have met student needs? (1c, 3a)**
4. **What challenges and/or barriers exist with delivering services, resources, and meeting students needs? (3a, 3b, 3d) What resources or techniques will you use (if applicable)? (1d, 3c, 3e)**

1. **On which aspects of the observations do you want feedback?**

**Counselor’s Post Observation Reflection Form**

**Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Observer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

1. **How do you communicate with families? Please give details and bring examples. (3a, 4c)**
2. **As you reflect on the services provided, to what extent did the learners take accountability for their social and emotional well being?(3b, 3c)**
3. **In what ways did the environment impact students’ abilities to meet the counseling goals (i.e. routines and procedures, standards of student conduct, and atmosphere of respect). (2a, 2b, 2c, 2d)**
4. **What adjustments did you make to the services you provided to your student(s)? After reflection, what adjustments would you make in the future? (3d, 4a)**
5. **Are you continuously growing and developing professionally? If so, please describe. Please provide evidence of participating in a professional community. (4d, 4e)**
6. **Please describe your system for maintaining records and documentation. (4b)**

 **If there is other evidence or information you would like the evaluator to know, please share during the post conference**