



College Community School District

School Counselor Summative Evaluation Form (Short Form)

Teachers Name:

Evaluation Date:

Evaluator:

Grade/Subject:

Building:

Type of Review:

Counselor Professional Learning Goals:

Indicators of Progress:

Counselor Reflection:

Administrator Reflection:

Administrator Reflection:

Future Consideration:

Check One:

Yes	No	
		Evidence of District Required Artifacts
		Meets the College Community Counseling Standards and Criteria

Signatures:

Teacher Signature

Date

Administrator Signature

Date