

ADEPT for School Guidance Counselors

EVALUATION SUMMARY

School Guidance Counselor _____ School Year _____

Social Security Number _____ Contract Status _____

School(s) _____ District _____

Level(s) Early Childhood Elementary Middle Secondary

Evaluation Team Members

Evaluator's Name

Evaluator's Title

1. _____
2. _____
3. _____

PERFORMANCE DIMENSIONS		PRELIMINARY EVALUATION		FINAL EVALUATION	
		Date:		Date:	
		Not Met	Met	Not Met	Met
PD 1	Long-Range Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PD 2	Short-Range Planning: Guidance and Counseling Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PD 3	Development and Use of Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PD 4	Providing Guidance and Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PD 5	Providing Consultation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PD 6	Coordinating Guidance and Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PD 7	Professional Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Judgment				Not Met	Met
An overall judgment of <i>met</i> indicates that the school guidance counselor met the competency standard for all seven of the performance dimensions at the time of the final evaluation.				<input type="checkbox"/>	<input type="checkbox"/>

Comments and Recommendations

Evaluators: By signing below, I verify that (1) SAFE-T was properly implemented, (2) I was a full participant in the process, and (3) I am in agreement with the above judgments.

Preliminary (*Evaluators' signatures and date*)

Final (*Evaluators' signatures and date*)

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Teacher: By signing below, I verify that I have received the results of this formal evaluation. My signature does not necessarily imply that I agree with these results.

Preliminary (*Teacher's signature and date*)

Final (*Teacher's signature and date*)

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