

School Counselor Observation Form

Please note that the school counselor annual evaluation should not be solely based on this observation.

Counselor's Name:

School Name:

Date Observed:

Time Observed:

Observation Setting:

Classroom Lesson

Parent Workshop

Staff Development

Advisory Meeting

Parent Meeting

Parent/Teacher Conference

Other _____

Topic/Focus:

Grade Level/Group Topic:

Lesson Plan Available: Yes No Not Applicable

1. The school counselor demonstrates an understanding of the subject content.

Always	Often	Sometimes	Never
Comments:			

2. The school counselor has a clear objective.

Always	Often	Sometimes	Never
Comments:			

3. The school counselor uses developmentally appropriate materials, technology and/or other resources effectively to promote learning.

Always	Often	Sometimes	Never
Comments:			

4. The school counselor recognizes individual student differences by providing appropriate content to support each student's learning.

Always	Often	Sometimes	Never
Comments:			

5. The school counselor checks for understanding and learning by encouraging engagement, monitoring and choosing appropriate evaluations.

Always	Often	Sometimes	Never
Comments:			

6. The school counselor engages in practices that support a positive, productive learning environment that encourages respect for all students.

Always	Often	Sometimes	Never
Comments:			

7. The school counselor demonstrates high expectations for all students by maximizing instructional time and encouraging students to take responsibility for their own behavior and learning.

Always	Often	Sometimes	Never
Comments:			

8. The school counselor demonstrates professionalism and displays an inviting presence.

Always	Often	Sometimes	Never
Comments:			

9. The school counselor communicates effectively in ways that promote learning.

Always	Often	Sometimes	Never
Comments:			

Always- Seen at each time and throughout the observation; Often- Seen regularly during the observation; Sometimes- Seen occasionally during the observation; Never- Not evident during the observation

Evaluator's Signature:

School Counselor's Signature: