

SANTEE SCHOOL DISTRICT
Certificated Evaluation
Assistance Plan
One form for each area of concern

Name:	Date:
Schools:	Assignment/ Grade Level:

The Assistance Plan below identifies the area of concern:

School Counselor/School Social Worker Standard:

- Implement responsive services through the effective use of individual and small group counseling, consultation, and referral skills - *Standard 1*
- Promote and maintain a safe and supportive learning environment - *Standard 2*
- Plan, implement, and evaluate programs to promote academic, career, personal, and social development of students - *Standard 3*
- Collaborate and coordinate with school and community resources - *Standard 4*
- Utilize multiple sources of information to monitor and improve student behavior and assessment - *Standard 5*
- Develop as a professional School Counselor/School Social Worker - *Standard 6*

Specific goal(s) for improvement:

Plan for assistance (includes strategies for School Counselor/School Social Worker timelines, resources, or support):

Plan for monitoring progress:

Evaluation Criteria/Evidence of Standard attainment:

Implementation signatures:

School Counselor /
 School Social Worker's Signature: _____ Date _____

Supervisor's Signature: _____ Date _____

FORM 15

Distribution: Evaluator, Evaluatee & Personnel file

SANTEE SCHOOL DISTRICT

Formal Certificated Observation Assistance Plan

To be completed at least four (4) times during the evaluation year

Teacher			Date				
Site	Day: M	T	W	Th	F	Beginning Time	Duration of Observation
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lesson Objective						Subject of Activity Observed	

Observed: It is not anticipated that each area will necessarily be observed in any given observation. Check item if observed. Check specific elements if appropriate.

- Implement responsive services through the effective use of individual and small group counseling, consultation, and referral skills - *Standard 1*
- Promote and maintain a safe and supportive learning environment - *Standard 2*
- Plan, implement, and evaluate programs to promote academic, career, personal, and social development of students - *Standard 3*
- Collaborate and coordinate with school and community resources - *Standard 4*
- Utilize multiple sources of information to monitor and improve student behavior and assessment - *Standard 5*
- Develop as a professional School Counselor/School Social Worker - *Standard 6*

Supervisor's comments:

School Counselor/School Social Worker analysis and reflections of student learning:

Post conference summation:

School Counselor /
School Social Worker's Signature: _____ Date _____

Supervisor's Signature: _____ Date _____

Evaluatee's signature does not constitute endorsement of evaluator's comments but acknowledges that an observation has taken place.

Distribution: Evaluator & Evaluatee

SANTEE SCHOOL DISTRICT

Assistance Plan

Mid-Year Evaluation

Name:	Date:
Schools:	Assignment/ Grade Level:

Feedback and recommendations of supervisor:

Satisfactory

Making Progress

Unsatisfactory

School Counselor /
School Social Worker's Signature: _____ Date _____

I intend to complete an Employee Comment, Reflections, or Feedback form.

Supervisor's Signature: _____ Date _____

Form due: January 31

Distribution: Evaluator, Evaluatee & Personnel file

FORM 17

SANTEE SCHOOL DISTRICT

Assistance Plan

Final Evaluation

Name:	Date:
Schools:	Assignment/ Grade Level:

Feedback and recommendations of supervisor:

Satisfactory

Making Progress

Unsatisfactory

School Counselor /
School Social Worker's Signature: _____ Date _____

I intend to complete an Employee Comment, Reflections, or Feedback form.

Supervisor's Signature: _____ Date _____

Form due: May 20

Distribution: Evaluator, Evaluatee & Personnel file

FORM 18

SANTEE SCHOOL DISTRICT
Assistance Plan
Employee Comments, Reflections, or Feedback
(Optional)

Name:	Date:
Schools:	Assignment/ Grade Level:

Employee comments, reflections, or feedback:

School Counselor /
School Social Worker's Signature: _____ Date _____

If utilized by the employee, this form must be forwarded by the employee to the Human Resources Department to be placed in the personnel file with the evaluation documents.