



School Counselor Assessment and Support Program

Self-Assessment / Area of Investigation

309 South K Street • Oxnard, California 93030 • 805.385.2500 • FAX 805.385.25

Name: _____ Site: _____

If you are not on cycle, complete #1 and sign indicating you have completed your self-assessment. If you are on cycle, complete #1, #2, and #3, sign that you have completed your self-assessment, and plan to meet with an administrator.

1. Please write in the date you completed your Self-Assessment.

2. If you are on cycle, circle your TASP option.
 - Administrative Mandate (all 1st and 2nd year teachers)
 - Administrative Option (by choice)
 - Portfolio Option
 - Partner Option Write in Partner's name: _____

3. After reflecting on your Self-Assessment, please list below the area(s) you intend to investigate during this school year. First and second year teachers are expected to address all 5 domains (two per observation).
 - ___ Domain 19: Plans, organizes, delivers and evaluates a comprehensive guidance program that impacts all students in academic achievement, career planning, and personal/social development.
 - ___ Domain 20: Monitors all students' academic progress and intervenes with students who are not meeting educational expectations.
 - ___ Domain 21: Uses advocacy skills with teachers and parents to ensure understanding agreement on appropriate developmental progress.
 - ___ Domain 22: Uses applicable guidance and counseling techniques appropriately to facilitate academic, career and personal/social results.
 - ___ Domain 23: Continues to renew and acquire professional competencies applicable to school counseling

Administrator Comments:

Counselor Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Students First: Every Day, Every School, Every Classroom

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