



# Oxnard Union High School District

## Certificated Employee Observation/Evaluation Report Form- Counselor

Name: \_\_\_\_\_ Site: \_\_\_\_\_

Administrator: \_\_\_\_\_

Type of Observation:  Formal  Informal

Employment Status:  Temporary  Probationary I  Probationary II  Permanent

**Pre Conference 1 2** Date \_\_\_\_\_

Identify the specific Student-Counselor behaviors that will demonstrate achievement of the Area of Investigation. State specifically what will be observed.

*The California Standards for the School Counseling Profession* to be evaluated:  
(Check only those standards that were observed during the observation session)

**Observation 1 2** Date \_\_\_\_\_

STANDARD 1: ENGAGE, ADVOCATE FOR AND SUPPORT ALL STUDENTS IN LEARNING		
<input type="checkbox"/> Standard Met <input type="checkbox"/> Standard Not Met		
	Observed	Not Observed
1.1 Ensure all students are engaged in a system of support designed for learning and academic success		
1.2 Advocate for educational opportunity, equity and access for all students		
1.3 Advocate for the learning and academic success of all students		
1.4 Identify student problems in their earliest stages and implement prevention and intervention strategies		
Comments (Including recommendations/commendations):		

*Students First: Every Day, Every School, Every Classroom*

Adolfo Camarillo • Channel Islands • Frontier • Hueneme • Oxnard • Pacifica • Rio Mesa • Adult School



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**STANDARD 2: PLAN, IMPLEMENT AND EVALUATE PROGRAMS TO PROMOTE ACADEMIC, CAREER, PERSONAL AND SOCIAL DEVELOPMENT OF ALL STUDENTS**

Standard Met    Standard Not Met

	Observed	Not Observed
2.1 Demonstrate organization skills		
2.2 Develop outcome-based programs		
2.3 Assess program outcomes and analyze data		
2.4 Demonstrate leadership in program development		

**Comments** (Including recommendations/commendations):

**STANDARD 3: UTILIZE MULTIPLE SOURCES OF INFORMATION TO MONITOR AND IMPROVE STUDENT BEHAVIOR AND ACHIEVEMENT**

Standard Met    Standard Not Met

	Observed	Not Observed
3.1 Assess student characteristics and utilize the information to plan for individual student growth and achievement		
3.2 Interpret and use student assessment data with students and parents/guardians in developing personal, academic, and career plans		
3.3 Monitor student personal, academic, and career progress		



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**Comments** (Including recommendations/commendations):

STANDARD 4:	COLLABORATE AND COORDINATE WITH SCHOOL AND COMMUNITY RESOURCES		
STANDARD 5:	PROMOTE AND MAINTAIN A SAFE LEARNING ENVIRONMENT FOR ALL STUDENTS	<input type="checkbox"/> Standard Met	<input type="checkbox"/> Standard Not Met
		Observed	Not Observed
4.1	Build and maintain student support teams for student achievement	Observed	Not Observed
5.1	Promote a positive, safe, and supportive learning environment		
4.2	Provide consultation and education for teachers and parents		
5.2	Develop and implement programs that address the personal and social risk		
4.3	Develop positive relationships within the school that include school staff members parents, and community members		
5.3	Develop and implement programs that reduce the incidence of school site violence		
4.4	Coordinate support from community agencies		
5.4	Incorporate model of systemic school safety that address elements of prevention, intervention, and treatment into the school system		
<b>Comments</b> (Including recommendations/commendations):			

STANDARD 6:	DEVELOP AS A PROFESSIONAL SCHOOL COUNSELOR		
		<input type="checkbox"/> Standard Met	<input type="checkbox"/> Standard Not Met
		Observed	Not Observed
6.1	Establish professional goals and pursue opportunities to improve		
6.2	Model effective practices and continuous progress in school counseling		
6.3	Adhere to professional codes of ethics, legal mandates, and district policies		



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**Comments** (Including recommendations/commendations):

**Post Conference 1 2**    **Date** \_\_\_\_\_

After sharing the observation data, compare what happened with what was desired. Reflect on what helped and what hindered and why.

**Next Steps**

Improvements / New Strategies

**Administrator Comments:**

Signature of Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Counselor: \_\_\_\_\_

Date: \_\_\_\_\_