Counselor :   Assignment/Grade :   ID #: _____

Evaluator: Campus Name:

Performance Area
Domain(s)/ Indicator(s) from
SCAI Performance Rubric

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3.1 Guidance Curriculum: , Q V W U X F W L R Q Provides structured and engaging classroom guidance lessons related to healthy student development	The counselor will engage students in lessons and demonstrate positive interactions related to lesson objectives The counselor will maintain a welcoming and safe classroom environment			
3.2 Guidance Curriculum: , Q V W U X F W L R Q Implements school-wide prevention activities to support V W X G H Q W V ¶ S K \ V L F D O emotional, and academic development	The counselor will implement school-wide activities that encourage a healthy lifestyle for students, staff, and parents, including physical, emotional, and academic student development activities			
4.1 System Support, Program Management, and Professionalism , Q G L U H F W 6 W X G H Q W 6 H U Y L F H V D Q G 3 U R J U D P 3 O D Q Q L Q J D Q G 6 F K R R O 6 X S S R U W Develops and implements evidenced-based counseling program	The counselor will use campus data, campus needs, and the Campus Action Plan to guide development of counseling program The counselor will prioritize emerging campus needs and assist in developing a proactive plan to fulfill the school¶s vision			

| 4.3 System Support, Program Management, & Professionalism: | The counselor will create a collaborative, positive and professional work environment including treating all stakeholders with respect and engaging in effective communication practices. |

, Q G L U H F W 6 W X G H Q W
6 H U Y L F H V D Q G
3 U R J U D P 3 O D Q Q L Q J
D Q G 6 F K R R O 6 X S S R U W

Maintains standards
of professionalism

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Counselor: _____ Assignment/Grade: _____ ID #: _____

Evaluator: _____ Campus Name: _____

This plan has been successfully completed (circle or highlight):   Yes   No

Performance Area Domain(s)/ Indicator(s) from SCAI Performance Rubric	Evidence of Successful Completion	Evidence of Unsucce ssful Completion	Further Action to be Taken

My evaluato r, principal, and I have discussed this Intervention Plan. My signature does not indicate whether I agree or disagree with t   his plan.

_____ _____   _____ _____
Employee Signature   Date   3 U L Q F L S D O ¶ V 6 L J Q D W X U H   L I S l   Date

_____ _____
(Y D O X D W R U ¶ V 6 L J Q D W X l   Date