

BERKELEY UNIFIED SCHOOL DISTRICT
OBSERVATION FORM/PROGRESS REPORT

COUNSELORS

Employee _____
Class/Subject/Grade Level _____
Time/Date of Observation _____

School/Department _____
Number of Students in Attendance _____
Time/Date of Conference _____

A. Academic Counseling B. Transition Counseling C. Personal Counseling D. Suitable Learning Environment E. Concerns or comments regarding other evaluation and/or progress on the employee's professional development plan (as needed)

A check here indicates that employee has attached comments.

Evaluator's Signature Title Date

Evaluatee's Signature Title Date

Distribution:
Original to: Evaluator
Copy to: Evaluatee

BERKELEY UNIFIED SCHOOL DISTRICT
PERFORMANCE REVIEW

COUNSELORS

Interim

Summary

Name _____

School/Department _____

Title/Subject/Grade Level _____

Status _____

Due Date _____

Evaluation Criteria:

	Effective	Needs Improvement
Academic Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Transition Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Personal Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Suitable Learning Environment	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Professional development plan Completed

Composite Evaluation **Effective** **Needs Improvement** **Unsatisfactory**

(If marked "Needs Improvement" there must be written recommendations for improvement. If marked "Unsatisfactory", a work plan must be developed.)

Comments by Evaluator: If additional comments are attached, check here.

Comments by Evaluatee: If additional comments are attached, check here.

Evaluator's Signature	Title	Date
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I certify that this report has been discussed with me and understand my signature does not necessarily indicate agreement.

Evaluatee's Signature	Title	Date
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Reviewer's Signature	Title	Date
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Distribution:

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The next review will be in the ____ / ____ school year.

BERKELEY UNIFIED SCHOOL DISTRICT
ADDITIONAL PAGES FOR PERFORMANCE REVIEW FORMS

Attachment to:

- Performance Review
- Observation Report
- Initial Performance Review Conference Worksheet

Evaluator's Signature

Title

Date

I certify that this report has been discussed with me. I understand my signature does not necessarily indicate agreement.

Evaluatee's Signature

Title

Date

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