**TEXAS SCHOOL COUNSELOR EVALUATION & SUPPORT SYSTEM (T-SCESS)**

 Name: Date:

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|   | **DISTINGUISHED** | **ACCOMPLISHED** | **PROFICIENT** | **DEVELOPING** | **IMPROVEMENT****NEEDED** |
| **PROGRAM FOCUS** |
| 1.1 Vision Statement & Mission Statements |   |   |  |  |   |
| **PROGRAM PLANNING** |
| 2.1 Annual Student Outcome Goals |   |   |  |  |   |
| 2.2 Annual Administrative Conference |   |   |  |  |   |
| 2.3 Advisory Council |   |   |  |  |   |
| 2.4 Calendar |   |   |  |  |   |
| 2.5 Use of Time Analysis |   |   |  |  |   |
| 2.6 Needs Assessments |   |   |  |  |   |
| **DIRECT & INDIRECT STUDENT SERVICES** |
| 3.1 Instruction |   |   |  |  |   |
| 3.2 Classroom & Group Results |   |   |  |  |   |
| 3.3 Counseling |   |   |  |  |   |
| 3.4 Appraisal & Advisement |   |   |  |  |   |
| 3.5 College, Career, & Military Readiness (CCMR) Support |  |  |  |  |  |
| 3.6 Referrals, Consultation & Collaboration |   |   |  |  |   |
| **PROFESSIONAL PRACTICE & RESPONSIBILITIES** |
| 4.1 Professional Development |   |   |  |  |   |
| 4.2 School Community Involvement |   |   |  |  |   |
| 4.3 Leadership & Advocacy |   |   |  |  |   |
| 4.4 Demeanor & Ethics |   |   |  |  |   |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **COUNSELOR REFLECTIONS** |
| **PROFESSIONAL GOAL**  |  **PROFESSIONAL DEVELOPMENT** |
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**Electronic Signatures:**

 **\*I understand that an electronic signature has the same effect and can be enforced in the same way as a written signature.**

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|  | **Signature** | **Date** |
| **Employee***(Indicates Receipt)* |  |  |
| **Campus Appraiser** |  |  |
| **District Appraiser** |  |  |