*To ensure accessibility in accordance with the Americans with Disabilities Act (ADA),   
please use the down arrow key to navigate this tool.*

Educator Name: Click to enter text. Proposed Observation Date: Click to enter a date.

Evaluator Name: Click to enter text. Observation Time/Duration: Click to enter text.

School Name: Click to enter text. Date of Pre/Post Conference: Click to enter text.

This tool is for the educator and evaluator to discuss an upcoming scheduled observation or to discuss recent scheduled and/or unscheduled observations. It is intended to guide thinking and conversation. **The questions on this form serve as a guide to start conversation and are not required**. Every question may not be answered or be relevant to every observation.

**Professional Responsibilities Standards**

| **Questions to Guide Discussions:** | **Notes/Evidence Reviewed:** |
| --- | --- |
| * How will/did you collaborate with multiple stakeholders to plan and implement a comprehensive school counseling program? * How will/did you assist students in developing mindsets and demonstrating behaviors for academic, college/career, and social/emotional development? * How will/did you collaborate with stakeholders to provide referrals on the behalf of students? * How will/did you utilize data to identify needs in efforts to improve the comprehensive school counseling program? * How will/did you advocate for systemic change to improve the learning environment for all students? | Click here to enter text. |

| Progress Toward Professional Practice Goal |
| --- |
| Discuss progress made toward the PPG and log evidence of discussion here:  Click here to enter text. |