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

Name: Date:

|  |  |  |
| --- | --- | --- |
| **Dimensions** | **Evidence** | **Rating** |
| **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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**Signatures:**

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