

**Individual Growth Plan – Initial Review  
Guidance Counselor**

**Counselor:** \_\_\_\_\_

**Academic Year:** \_\_\_\_\_

**1. Counselor’s Strategies**

<b>Counselor’s Goals from School Improvement Plan</b>	<b>Counselor’s Strategies</b>	<b>Expected Outcomes</b>	<b>Target Dates</b>
<p>In this space, the counselor should state at least one or two goals that align with his/her School Improvement Plan (SIP). The administrator should provide a copy of the School Improvement Plan prior to the initiation of the Individual Growth Plan.</p>	<p>In this space, the counselor should list three to five strategies for accomplishing the goal(s) that he/she stated in the first column.</p>	<p>In this space, the counselor should list the desired outcomes from the strategies that he/she has listed.</p>	<p>In this space, the counselor should list a target date by which he/she feels that the expected outcome can reasonably be measured.</p>

**2. Personal/ Professional Goals**

<b>Strengths</b>	<b>Areas to Be Strengthened</b>	<b>Personal Enrichment Goals</b>
<p>In this space, the counselor should list 3 to five strengths that he/ she has. Strengths may pertain to professional or personal aspects. They may also relate to functions and practices on the Performance Appraisal Instrument for Counselors.</p>	<p>In this space, the counselor should list at least two areas that could be strengthened.</p>	<p>Based on the identified areas listed under second column, the counselor should state one or two personal enrichment goals. These goals are not necessarily aligned with the School Improvement Plan.</p>

**3. Evaluation (To Be Completed by the Peer and Administrator) The counselor does not complete this section.**

	Peer Review	Principal/ Principal Designee Review	
1. The counselor’s strategies support the School Improvement Plan (SIP).	<b>Note:</b> The counselor’s peer should use this space to make summary comments about the IGP. The comments do not need to be evaluative in nature.	<b>Acceptable</b>	<b>Modification Needed</b>
2. The expected outcomes are measurable and related to the counselor’s strategies.			
3. The counselor has identified personal/ professional strengths, areas to be strengthened, and personal/ professional enrichment goals.			

**4. Narrative**

<p><b>Counselor’s Comments:</b> The counselor may use this space to make any comments about the IGP process or to clarify some aspect of the IGP.</p>	<p><b>Peer’s Comments:</b> The counselor’s peer may use this space to comment on the IGP process or some aspect of the IGP.</p>	<p><b>Administrator’s Comments:</b> The administrator may use this space to comment on the process, clarify his/her expectations, or make additional evaluative statements.</p>
<p>Counselor’s Signature: _____ Date: _____</p>	<p>Peer’s Signature: _____ Date: _____</p>	<p>Administrator’s Signature: _____ Date: _____</p>

**Individual Growth Plan – Mid-Year Review  
Guidance Counselor**

**Counselor:** \_\_\_\_\_

**Academic Year:** \_\_\_\_\_

**5. Evidence of Progress towards School Improvement Plan**

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**6. Evidence of Progress or Completion of Personal/Professional Goals**

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**7. Evaluation (To Be Completed by the Peer and Administrator) The counselor does not complete this section.**

	Peer Review	Principal/ Principal Designee Review			
		Above Standard	At Standard	Below Standard	Unsatisfactory
1. The counselor has provided evidence that supports progress towards expected strategy outcomes, and/or has modified goals with proper justification and approval.					
2. The counselor has made consistent progress towards personal/professional enrichment goals.					

**8. Narrative**

<b>Counselor's Comments:</b>  <b>Counselor's Signature:</b> _____ <b>Date:</b> _____	<b>Peer's Comments:</b>  <b>Peer's Signature:</b> _____ <b>Date:</b> _____	<b>Administrator's Comments:</b>  <b>Administrator's Signature:</b> _____ <b>Date:</b> _____

**Individual Growth Plan – End-of-Year Review  
Guidance Counselor**

**Counselor:** \_\_\_\_\_

**Academic Year:** \_\_\_\_\_

**9. Evidence of Progress toward or Completion of Counselor’s Goals**

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**10. Counselor’s Analysis, Interpretations, and Reflection**

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**11. Evidence of Progress or Completion of Personal/Professional Goals**

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**12. Next Year’s Focus**

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Number of License Renewal Credits Completed: \_\_\_\_\_ (Please attach a list of License Renewal Credits or a Staff Development Activity Sheet.)

**Individual Growth Plan End-of-Year Review  
Guidance Counselor**

**Counselor:** \_\_\_\_\_

**Academic Year:** \_\_\_\_\_

**13. Evaluation**

	Peer Review (Optional)	Principal/ Principal Designee Review			
		Above Standard	At Standard	Below Standard	Unsatisfactory
1. The counselor has successfully achieved or has consistently shown progress towards system/school/program goals.					
2. The counselor has successfully achieved or has consistently shown progress towards personal enrichment goals.					
3. The counselor has used the information from this year's personal goals and decided on next year's focus.					
4. The number and list of License Renewal Credits were provided.					

**14. Policies and Procedures**

	At/ Above Standard	Below Standard		At/ Above Standard	Below Standard
Compliance with school policies and procedures			Compliance with attendance school functions		
Compliance with employee attendance policy			Compliance with record keeping		

**15. Narrative**

<p><b>Counselor's Comments:</b></p>     <p><b>Counselor's Signature:</b> _____ <b>Date:</b> _____</p>	<p><b>Peer's Comments:</b></p>     <p><b>Peer's Signature:</b> _____ <b>Date:</b> _____</p>	<p><b>Administrator's Comments:</b></p>     <p><b>Administrator's Signature:</b> _____ <b>Date:</b> _____</p>
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