

Record of School Social Worker Evaluation Activities (Required)

Name: _____ ID# _____

School: _____ SchoolYear: _____

Position/Assignment: _____

Evaluator: _____ Title: _____

School Social Worker Background: (Briefly describe the School Social Worker’s educational background, years of experience, assignment, and any other factors that may impact the evaluation)

The North Carolina School Social Worker Evaluation is based, in part, on informal and formal observations and conferences conducted on the following dates:

Activity	Date	School Social Worker Signature	Evaluator Signature
Orientation			
Pre-Observation Conference			
Observation			
Post-Observation Conference			
Summary Evaluation Conference			
Professional Growth Plan Completed			