

# ORCUTT UNION SCHOOL DISTRICT

## Speech-Language Pathologist Evaluation

Date \_\_\_\_\_

Speech-Language Pathologist \_\_\_\_\_ Grade/Subject SLP TK-12 Site(s) \_\_\_\_\_ Evaluator \_\_\_\_\_

<b>Status of SLP</b> <input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Temporary <input type="checkbox"/> Provisional	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><b>3</b></td> <td><b>Practice that is at standard</b></td> </tr> <tr> <td style="text-align: center;"><b>2</b></td> <td><b>Practice that requires improvement</b></td> </tr> <tr> <td style="text-align: center;"><b>1</b></td> <td><b>Unsatisfactory practice not consistent with standard expectations</b></td> </tr> </table>	<b>3</b>	<b>Practice that is at standard</b>	<b>2</b>	<b>Practice that requires improvement</b>	<b>1</b>	<b>Unsatisfactory practice not consistent with standard expectations</b>
<b>3</b>	<b>Practice that is at standard</b>						
<b>2</b>	<b>Practice that requires improvement</b>						
<b>1</b>	<b>Unsatisfactory practice not consistent with standard expectations</b>						

<b>Standard 1</b> <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>Standard 1</b></td> <td style="width: 10%;"><b>Planning and Preparation</b></td> <td></td> </tr> <tr> <td>1.a</td> <td>Demonstrates knowledge and skill in speech/language therapy and regulations within and beyond District</td> <td></td> </tr> <tr> <td>1.b</td> <td>Plans the therapy program, integrated with IEP goals, to meet the needs of individual Students. Utilizes assessment findings to determine areas of need</td> <td></td> </tr> <tr> <td>1.c</td> <td>Establishes goals for therapy services appropriate to setting and student served</td> <td></td> </tr> <tr> <td>1.d</td> <td>Demonstrates knowledge of District, State, and Federal regulations and guidelines</td> <td></td> </tr> <tr> <td>1.e</td> <td>Demonstrates knowledge and skill in selecting and using evaluative instruments to assess students and determine eligibilities</td> <td></td> </tr> </table>	<b>Standard 1</b>	<b>Planning and Preparation</b>		1.a	Demonstrates knowledge and skill in speech/language therapy and regulations within and beyond District		1.b	Plans the therapy program, integrated with IEP goals, to meet the needs of individual Students. Utilizes assessment findings to determine areas of need		1.c	Establishes goals for therapy services appropriate to setting and student served		1.d	Demonstrates knowledge of District, State, and Federal regulations and guidelines		1.e	Demonstrates knowledge and skill in selecting and using evaluative instruments to assess students and determine eligibilities	
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**Comments:**

<b>Standard 2</b> <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>Standard 2</b></td> <td style="width: 10%;"><b>The Environment</b></td> <td></td> </tr> <tr> <td>2.a</td> <td>Establishes rapport with the students and staff members</td> <td></td> </tr> <tr> <td>2.b</td> <td>Establishes a culture for learning and physical space for assessments and treatment of students</td> <td></td> </tr> <tr> <td>2.c</td> <td>Manages time and priorities effectively in the therapy setting</td> <td></td> </tr> <tr> <td>2.d</td> <td>Establishes and maintains standards of conduct for student behavior in the therapy setting</td> <td></td> </tr> </table>	<b>Standard 2</b>	<b>The Environment</b>		2.a	Establishes rapport with the students and staff members		2.b	Establishes a culture for learning and physical space for assessments and treatment of students		2.c	Manages time and priorities effectively in the therapy setting		2.d	Establishes and maintains standards of conduct for student behavior in the therapy setting	
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**Comments:**

<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	<b>Standard 3</b>	<b>Standard 3</b>	<b>Delivery of Services</b> 3.a Demonstrates successful communication with families regarding the evaluation process and development of IEPs 3.b Develops and implements IEPs and/or ERSS programs to maximize students' success 3.c Follows established procedures for referrals and evaluation of student needs 3.d Uses assessment data to collect information, write reports, and determine areas of need 3.e Demonstrates flexibility and responsiveness
<b>Comments:</b>			

<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	<b>Standard 4</b>	<b>Standard 4</b>	<b>Professional Responsibilities</b> 4.a Reflects on practice by assessing effectiveness and identifying areas of improvement 4.b Collaborates with staff, families and administrators 4.c Maintains accurate records, writing of reports and effective data management system 4.d Participates in professional development and professional learning communities 4.e Maintains professionalism including integrity, advocacy and maintaining confidentiality
<b>Comments:</b>			

Speech-Language Pathologist \_\_\_\_\_ Grade/Subject SLP TK-12 Site(s) \_\_\_\_\_ Year \_\_\_\_\_

<input type="checkbox"/> <b>Satisfactory</b> <input type="checkbox"/> <b>Needs Improvement</b> <input type="checkbox"/> <b>Unsatisfactory</b>	<b>Personal/Professional Qualities</b> Maintains a professional appearance Possesses work habits which reflect punctuality, dependability, efficiency and accuracy Adheres to policies and procedures of the Orcutt Union School District
<b>Comments:</b>     	

This person's overall service performance is:

Satisfactory                       Needs Improvement                       Unsatisfactory\*

\*An overall "Unsatisfactory" requires the person to participate in the District's Support Program pursuant to E.C 44500 et.Seq.

SPEECH LANGUAGE PATHOLOGIST'S STATEMENT: I acknowledge that this evaluation has been discussed with me, that I have been provided with written recommendations where improvement is indicated, and I understand my signature does not necessarily mean that I agree with this evaluation. I also understand that in 10 working days from receipt of this evaluation this document will be placed in my personnel file and I may submit a statement in writing to be permanently attached to this document.

SLP's Signature \_\_\_\_\_

Date \_\_\_\_\_

Evaluator's Signature \_\_\_\_\_

Date \_\_\_\_\_