

Perris Elementary School District SPEECH THERAPIST EVALUATION

Employee:		School Year:	
School:		Evaluator:	
The date of the Planning Conference:	Date of Observation(s):	Date of Preliminary Evaluation Conference:	Date of Final Conference:
Status: Intern Temporary Probationary I Probationary II Permanent Referred to PAR: Yes No In-depth Evaluation Elements: (Check) I II III IV			

Rating: M = Meets or Exceeds Standards **P** = Partially Meets Standards **U** =Unsatisfactory
(P and/or U requires justification)

Evaluator Comments:	Employee Comments:
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Evaluator Signature:	Date:
Employee Signature:	Date:

Attachment

I acknowledge that I have seen this evaluation. I understand that my signature does not necessarily mean that I agree with all of the ratings in this evaluation.

Speech Therapist Evaluation

Employee:
School Year:

EVALUATION ELEMENT I Case Management	Overall Rating	Evidence / Recommendations / Commendations
1.1 Demonstrates knowledge of basic concepts, available materials, strategies and therapy techniques.		
1.2 Maintains records of the speech/language program, and prepares written documentation as required by law.		
1.3 Plans and facilitates IEP meetings within required timelines for all unduplicated LSH students.		
1.4 Provides information, as appropriate, for use in IEP meetings for duplicated LSH students.		
1.5 Develops appropriate speech/language goals and objectives for duplicated and unduplicated LSH students.		

EVALUATION ELEMENT II Managing and Conducting Therapy	Overall Rating	Evidence / Recommendations / Commendations
2.1 Maintains an environment that is positive and conducive to learning.		
2.2 Conducts therapy lessons that address IEP goals of students.		
2.3 Uses a variety of strategies and techniques to fulfill stated objectives.		
2.4 Utilizes materials and equipment necessary for the delivery of services.		
2.5 Gives prompt and appropriate feedback to students.		
2.6 Manages time effectively.		
2.7 Provides pullout, collaborative, in-class, and/or consultative therapy approaches as needed.		

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EVALUATION ELEMENT III Consultation Indicators	Overall Rating	Evidence / Recommendations / Commendations
3.1 Demonstrates effective interpersonal relations with colleagues, administrators, students, and support personnel.		
3.2 Cooperates effectively with all school personnel and supports the total school program.		
3.3 Communicates the therapy program in a professional manner and effectively interprets the student's progress to teachers and parents.		
3.4 Demonstrates sensitivity to student needs and seeks to make provisions for the needs of each student.		

EVALUATION ELEMENT IV Professional Indicators	Overall Rating	Evidence / Recommendations / Commendations
4.1 Is punctual and accurate in completing and submitting records, reports, and requests.		
4.2 Adapts to versatility of assignment and makes adjustments as needed to effectively carry out the job.		
4.3 Provides training as needed to staff and parents.		
4.4 Engages in professional development through reading, seminars, workshops, etc.		
4.5 Complies with state law and regulations and District policies and procedures.		