

William S. Hart Union High School District
SPEECH AND LANGUAGE PATHOLOGIST EVALUATION (Page 1 of 4)

Pathologist _____ School _____

Observation Dates: _____ Assignment _____

Status: Temporary Prob 1 Prob 2 Tenured

Ratings: Meets = M Needs to Improve = N Unsatisfactory = U

DEMONSTRATES KNOWLEDGE OF PROFESSIONAL PRACTICE

Speech Therapists utilize their knowledge of data-based decision making and accountability, diversity in development and learning, as well as research and program evaluation to assist staff with effective decision making regarding student needs and ability level.

1. Shows competency in the development and implementation of therapy activities for the remediation of communication disorders.
2. Uses best practices for the support of language acquisition and intervention.
3. Differentiates instruction and therapy for individual student needs (including severely handicapped students and those with autism spectrum disorders).
4. Demonstrates understanding of typical and atypical language, fluency, pragmatic-social language and articulation development.

EVIDENCE/COMMENTS: **PLEASE CHECK ONE:** _____ **M** _____ **N** _____ **U**

SUPPORTS EFFECTIVE ENVIRONMENTS FOR ALL STUDENTS

1. Assists in establishing a climate that promotes fairness, respect and responsibility.
2. Demonstrates organizational skills and effective use of time.
3. Creates a physical environment that engages all students.
4. Establishes and maintains standards for student behavior.
5. Works with individual students and with small groups effectively.
6. Creates and uses instructional and therapeutic materials effectively.

EVIDENCE/COMMENTS: **PLEASE CHECK ONE:** _____ **M** _____ **N** _____ **U**

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PLANS INSTRUCTION AND DESIGNS LEARNING FOR ALL STUDENTS

Speech Therapists utilize their knowledge of intervention, instructional support, articulation, fluency and language and pragmatic disorders to assist with the development and delivery of services to students to improve learning, communicative effectiveness and overall student outcomes.

1. Draws on and values students' backgrounds, interests, and developmental learning needs.
2. Establishes and articulates goals for student progress based on assessment results.
3. Develops and sequences therapy and instructional activities to meet individual student needs.
4. Maintains appropriate documentation on students.
5. Modifies therapy throughout school year to meet changing student needs.

EVIDENCE/COMMENTS: **PLEASE CHECK ONE:** _____ **M** _____ **N** _____ **U**

ASSESSES STUDENT LEARNING

1. Uses evidence and research based assessment tools effectively.
2. Appropriately recommends students for specialized services based on assessment results.
3. Effectively communicates with students, families, and colleagues about student assessment results and progress.
4. Reviews, analyzes, and interprets information from student files during assessment process.
5. Uses results of ongoing assessments to guide therapy and instruction.

EVIDENCE/COMMENTS: **PLEASE CHECK ONE:** _____ **M** _____ **N** _____ **U**

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DEVELOPS AS A PROFESSIONAL EDUCATOR

1. Reflects, plans and establishes professional goals.
2. Works with colleagues to improve professional practices.
3. Takes part in professional development activities to enhance effectiveness and skills.
4. Adheres to district/school/federal/state policies, rules and standards.
5. Exhibits leadership qualities in school and district roles.
6. Accepts and fulfills duties and responsibilities in a timely and effective manner.

EVIDENCE/COMMENTS: **PLEASE CHECK ONE:** _____ **M** _____ **N** _____ **U**

EXHIBITS PROFESSIONAL PERSONAL CHARACTERISTICS

1. Demonstrates concern and respect for all by listening and communicating effectively as a team member.
2. Evidences good judgment, common sense, positive attitude, and the ability to utilize constructive criticism.
3. Demonstrates dependability, initiative, resourcefulness, and professionalism.
4. Works cooperatively with outside agencies and school community.
5. Consults and collaborates with parents, students, teachers, and/or other staff to support student learning.

EVIDENCE/COMMENTS: **PLEASE CHECK ONE:** _____ **M** _____ **N** _____ **U**

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SUGGESTIONS/COMMENTS/GOALS:

EVALUATEE'S COMMENTS:

Composite: Meets Needs to Improve Unsatisfactory

Your signature here does not necessarily mean you agree with the evaluation, but it does indicate that an evaluation was made and that you received a copy.

Signature of Evaluatee

Date

Evaluatee's Name (please print or type)

Signature of Evaluator

Date

Evaluator's Name and Title (please print or type)

Copies to: 1) Unit Member 2) District Personnel File 3) Evaluator