

SPEECH LANGUAGE PATHOLOGIST
Summative Appraisal Form

Name _____ Location _____

Appraisal Period: From _____ to _____ Date of Review _____

Directions

The following statements describe the employee who achieves success. Based on cumulative performance information, the evaluator estimates the employee's effectiveness in meeting each criterion. Rate each criterion using the scale below that most closely describes the employee's attainment of that criterion. For each domain, a comment area is provided for general statements and/or recommendations.

Rating Scale

- 5 Clearly Outstanding:** Performance is consistently far superior to what is normally expected.
- 4 Exceeds Expectations:** Performance demonstrates increased proficiency and is consistently above expectations.
- 3 Meets Expectations:** Performance meets expectations and presents no significant problems.
- 2 Below Expectations:** Performance is consistently below expectations and significant problems exist.
- 1 Unsatisfactory:** Performance is consistently unacceptable.
- 0 Not Applicable**

JOB PERFORMANCE STATEMENTS

Therapy

- ____1. Plans and provides appropriate individual and group therapy to students consistent with speech and language goals contained in Individual education Plans (IEP).
- ____2. Evaluates student progress and determines readiness for termination of therapy services.

COMMENTS: _____

Assessment

- ____3. Conducts independent evaluations to assess students with speech or language disorders and conditions to determine eligibility for services.
- ____4. Develops clinical management strategies or procedures and diagnostic statements by interpreting observations or data.

- ____5. Conducts/participates in the Admission, Review, and Dismissal (ARD) Committee to assist in interpretation of assessment data, appropriate placement, and goal setting for students with communication disorders or conditions according to district procedures.

COMMENTS: _____

Consultation

- ____6. Counsels and involves parents in remedial process.
- ____7. Collaborates with classroom teachers to plan and implement classroom activities to improve communication skills of students.
- ____8. Provides professional development in assigned schools to help school personnel identify and understand communication deficits in students.
- ____9. Communicates effectively with colleagues, students, and parents regarding the accomplishment of therapy goals and needs of the student.

COMMENTS: _____

Student Management

- ____10. Creates an environment conducive to learning and appropriate for the maturity level and interests of students.
- ____11. Establishes control and administers discipline according to the Student Code of Conduct and student handbook.

COMMENTS: _____

Program Management

- ____12. Supervises licensed speech-language pathology assistant(s) or speech aide(s).
- ____13. Develops and coordinates a continuing evaluation of speech-language pathology services and makes changes based on the findings.
- ____14. Assists in the selection of equipment and instructional materials.

COMMENTS: _____

Administration

- ____15. Compiles, maintains, and files all physical and computerized reports, records, and other required documents.

- ____16. Complies with policies established by federal and state laws, State Board of Education rule, and board policy.
- ____17. Complies with all district and campus routines and regulations.
- ____18. Participates in professional development activities to improve skills related to job assignment.

COMMENTS: _____

Other

- ____19. Performs other duties assigned by supervisor .
- ____20. Maintains confidentiality of information.

COMMENTS: _____

Supervisory Responsibility

- ____21. Directs and monitors the work of speech-language pathology assistant(s) or speech aide(s).

COMMENTS: _____

What strengths does _____ possess?

What are some improvements _____ can make to ensure a higher degree of success for students on this campus/department?

Summative Conference Comments:

Recommendation of Evaluator: I have read and received a copy of this evaluation. I have reviewed this instrument.

Renewal and/or Extension of Assignment

Non-renewal of Assignment

Termination of Assignment

Non-extension of Assignment

Administrator (Print Name)

Date

Administrator's Signature

Date

Employee's Signature

Date