

WEST BATON ROUGE PARISH SCHOOL SYSTEM SPEECH THERAPIST EVALUATION

Speech Therapist _____

Location _____

Evaluator _____

Date _____

Years in Position 0-3 4+

Directions: The evaluator is to indicate the appropriate rating of each major topic by placing a **circle** around the **S, NI, or U**. The evaluator shall then **mark** each item under the major headings using (S) to denote satisfactory performance, (NI) to denote needs improvement, or (U) to denote unsatisfactory performance.

PERFORMANCE RESPONSIBILITIES

A. PLANNING	S	NI	U
• Identifies and plans for therapeutic intervention	—	—	—
• Develops a written plan with clear and concise written goals for providing speech/language services	—	—	—
• Identifies and plans for individual differences in the therapy setting	—	—	—
B. MANAGEMENT	S	NI	U
• Maintains an environment conducive to therapeutic intervention	—	—	—
• Takes appropriate precautions to protect students, equipment, materials and facilities	—	—	—
• Maximizes the amount of time available for therapy sessions	—	—	—
• Maintains accurate, complete and correct records	—	—	—
• Manages learner behavior to provide productive learning opportunities	—	—	—
• Performs duty assignments	—	—	—
• Administers appropriate diagnostic tests in the areas of speech, language, and hearing	—	—	—
• Serves as a member of the Pupil Appraisal team for students with suspected communication disorders, as needed	—	—	—
• Refers any student with suspected vocal pathologies to laryngological clinics and prepares the student for the examination	—	—	—
• Conducts or attends IEP conferences for students identified by Pupil Appraisal with speech/language impairments	—	—	—
C. CONSULTATION	S	NI	U
• Consults with appropriate staff and/or agencies on behalf of the student	—	—	—
• Provides opportunities for administrators, teachers, and parents to discuss concerns related to students	—	—	—
• Maintains and fosters confidentiality in regard to information concerning students	—	—	—
• Participates in the School Building Level Committee/Building Level Committee	—	—	—
D. INSTRUCTION	S	NI	U
• Assesses student progress	—	—	—
• Provides opportunities for student involvement in the therapeutic process	—	—	—
• Presents appropriate content	—	—	—
• Delivers instruction effectively	—	—	—
• Integrates technology into instruction, when appropriate	—	—	—
• Implements a program of appropriate goals and objectives for students with speech/language disorders	—	—	—
• Presents appropriate content through therapeutic intervention	—	—	—
• Utilizes knowledge of subject matter and clinical methodologies	—	—	—
• Utilizes knowledge of growth and development	—	—	—

- Re-teaches when necessary — — —
- Gives positive feedback throughout the lesson — — —
- Uses a variety of evaluative tools to test for understanding and acquisition of communication skills — — —
- Informs students, parents/guardians, teachers, and other professionals of student progress — — —

E. PROFESSIONAL GROWTH AND DEVELOPMENT..... **S NI U**

- Displays evidence of professional growth and participation in in-service sessions — — —
- Demonstrates an awareness of current trends in school counseling — — —
- Provides in-service to school staff upon request — — —
- Plans for professional self-development — — —

F. PERSONAL TRAITS..... **S NI U**

Exhibits:

- Poise, self-confidence, enthusiasm and optimism — — —
- Punctuality — — —
- Dependability — — —
- Acceptable speech and grammar — — —
- Effective communication with students, parents, and other adults — — —
- Discreet handling of confidential information — — —
- Use of suggestions for improvement — — —
- Flexibility — — —

SPEECH THERAPIST'S PERFORMANCE AT THIS TIME IS:

Satisfactory _____ Needs Improvement _____ Unsatisfactory _____

PROGRESS TOWARD ACHIEVEMENT OF THE PROFESSIONAL GROWTH PLAN IS:

Minimal _____ Satisfactory _____ Has reached completion _____

EVALUATOR'S NARRATIVE COMMENTS: (Attach supplemental sheet if necessary):

EVALUATOR'S SIGNATURE _____ DATE _____

SPEECH THERAPIST'S COMMENTS: (Attach supplemental sheet if necessary):

SPEECH THERAPIST'S SIGNATURE _____ DATE _____

My signature indicates that I have read the results of the evaluation, but does not indicate agreement or disagreement with the rating or comments.

