

Form E: Summative Evaluation Form for Therapeutic Specialists

Name: _____ School: _____ Date: _____

Status: Part-Time 1st Year 2nd Year 3rd Year 4th Year Tenure
 (Temporary) (Probation) (Probation) (Probation) (Probation)

Domain 1 - Planning and Preparation	Unsatisfactory	Needs Improvement	Proficient	Excellent
1a: Demonstrating knowledge and skill in the specialist therapy area; holding the relevant certificate or license				
1b: Establishing goals for the therapy program appropriate to the setting and the students served				
1c: Demonstrating knowledge of district, state, and federal regulations and guidelines				
1d: Demonstrating knowledge of resources, both within and beyond the school and district				
1e: Planning the therapy program, integrated with the regular school program, to meet the needs of individual students				
1f: Developing a plan to evaluate the therapy program				
OVERALL PERFORMANCE IN AREA				
Comments:				
Domain 2 - Classroom Environment	Unsatisfactory	Needs Improvement	Proficient	Excellent
2a: Establishing rapport with students				
2b: Organizing time effectively				
2c: Establishing and maintaining clear procedures for referrals				
2d: Establishing standards of conduct in the treatment center				
2e: Organizing physical space for testing of students and providing therapy				

OVERALL PERFORMANCE IN AREA				
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Comments:

Domain 3 - Instruction	Unsatisfactory	Needs Improvement	Proficient	Excellent
3a: Responding to referrals and evaluating student needs				
3b: Developing and implementing treatment plans to maximize students' success				
3c: Communicating with families				
3d: Collecting information; writing reports				
3e: Demonstrating flexibility and responsiveness				
OVERALL PERFORMANCE IN AREA				

Comments:

Domain 4 - Professional Responsibilities	Unsatisfactory	Needs Improvement	Proficient	Excellent
4a: Reflecting on practice				
4b: Collaborating with teachers and administrators				
4c: Maintaining an effective data-management system				
4d: Participating in a professional community				
4e: Engaging in professional development				
4f: Showing professionalism, including integrity, advocacy, and maintaining confidentiality				

OVERALL PERFORMANCE IN AREA				
Comments:				
V. Composite Evaluation of Areas I, II, III and IV				
VI. Comments (Strengths, Concerns, Recommendations and Signatures)				
Therapeutic Specialist Final Summative Rating:				
_____ Unsatisfactory _____ Needs Improvement _____ Proficient _____ Excellent				
Therapeutic Specialist Recommendation:				
		Yes	No	
1. Recommend for continued employment		<input type="checkbox"/>	<input type="checkbox"/>	
2. Recommend for continued employment with annual evaluation		<input type="checkbox"/>	<input type="checkbox"/>	
3. Recommend remediation status		<input type="checkbox"/>	<input type="checkbox"/>	

Signature of Therapeutic Specialist _____ Date _____

Signature of Evaluator _____ Date _____

Moline School District No. 40
Summative Evaluation Form for Therapeutic Specialist

Probationary Therapeutic Specialist Recommendation

	YES	NO
1. Recommend for second year of probation (Includes full-time therapeutic specialist employed prior to November 1)	<input type="checkbox"/>	<input type="checkbox"/>
2. Recommend for third year of probation	<input type="checkbox"/>	<input type="checkbox"/>
3. Recommend for fourth year of probation	<input type="checkbox"/>	<input type="checkbox"/>
4. Recommend for tenure	<input type="checkbox"/>	<input type="checkbox"/>
5. Full time temporary contract but would recommend consideration for re-employment	<input type="checkbox"/>	<input type="checkbox"/>
6. Part-time temporary contract but would recommend consideration for re-employment	<input type="checkbox"/>	<input type="checkbox"/>

Formative Observations Completed by:

Name: _____ Date of Observation: _____

Name: _____ Date of Observation: _____

Name: _____ Date of Observation: _____

Principal/Administrator

Date of Conference

I have seen this evaluation and received a signed copy.

Therapeutic Specialist's Signature

Date

Form F: Professional Development Planning Form for Therapeutic Specialist

Therapeutic Specialist Name: _____

Evaluator Name: _____

Date of Receipt of Final Summative Evaluation: _____

Domain(s) in which “Needs Improvement” is indicated (circle all that apply):

Domain 1

Domain 2

Domain 3

Domain 4

Improvement Template

Specific component(s) and element(s) of concern	
Expectations of Therapeutic Specialist to rectify concerns	
Suggestions for addressing the evaluator’s expectations	
Supports and resources to assist Therapeutic Specialist in meeting the evaluator’s expectations	
Evidence that will be accepted that expectations are met	
Additional evaluator comments	

Chart may be expanded as needed.

Therapeutic Specialist Signature: _____
(Name) (Date)*

Evaluator Signature: _____
(Name) (Date)*

Signatures reflect that the meeting was held by the appropriate deadline and that the plan will be implemented. Therapeutic Specialists and evaluators are expected to mutually agree to the plan. In the event that they are not able to come to an agreement, the evaluating administrator reserves the right to direct the activities required of the therapeutic specialist. The therapeutic specialist is expected to sign the plan but may provide a written attachment for their file indicating areas in which they disagree with the evaluating administrator.

*Must be within 30 school days of receipt of final summative evaluation.