

Form E: Summative Evaluation Form for Psychologists

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 using psychological instruments to evaluate students				
1b: Demonstrating knowledge of child and adolescent development and psychopathology				
1c: Establishing goals for the psychology program appropriate to the setting and the students served				
1d: Demonstrating knowledge of state and federal regulations and of resources both within and beyond the school and district				
1e: Planning the psychology program, integrated with the regular school program, to meet the needs of individual students and including prevention				
1f: Developing a plan to evaluate the psychology program				
OVERALL PERFORMANCE IN AREA				

Comments:

Domain 2 - Classroom Environment	Unsatisfactory	Needs Improvement	Proficient	Excellent
2a: Establishing rapport with students				
2b: Establishing a culture for positive mental health throughout the school				
2c: Establishing and maintaining clear procedures for referrals				
2d: Establishing standards of conduct in the testing center				
2e: Organizing physical space for testing of students and storage of materials				

OVERALL PERFORMANCE IN AREA				
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Comments:

Domain 3 - Instruction	Unsatisfactory	Needs Improvement	Proficient	Excellent
3a: Responding to referrals; consulting with teachers and administrators				
3b: Evaluating student needs in compliance with National Association of School Psychologists (NASP) guidelines				
3c: Chairing evaluation team				
3d: Planning interventions to maximize students' likelihood of success				
3e: Maintaining contact with physicians and community mental health service providers				
3f: Demonstrating flexibility and responsiveness				
OVERALL PERFORMANCE IN AREA				

Comments:

Domain 4 - Professional Responsibilities	Unsatisfactory	Needs Improvement	Proficient	Excellent
4a: Reflecting on practice				
4b: Communicating with families				
4c: Maintaining accurate records				
4d: Participating in a professional community				
4e: Engaging in professional development				
4f: Showing professionalism				

OVERALL PERFORMANCE IN AREA				
Comments:				
V. Composite Evaluation of Areas I, II, III and IV				
VI. Comments (Strengths, Concerns, Recommendations and Signatures)				
Psychologist's Final Summative Rating:				
_____ Unsatisfactory _____ Needs Improvement _____ Proficient _____ Excellent				
Psychologist's 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 Psychologist _____

Date _____

Signature of Evaluator _____

Date _____

Moline School District No. 40
Summative Evaluation Form for Psychologists

Probationary Teacher Recommendation

	YES	NO
1. Recommend for second year of probation (Includes full-time psychologist 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.

Psychologist's Signature

Date

Form F: Professional Development Planning Form for Psychologists

Psychologists 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 psychologist to rectify concerns	
Suggestions for addressing the evaluator’s expectations	
Supports and resources to assist psychologist in meeting the evaluator’s expectations	
Evidence that will be accepted that expectations are met	
Additional evaluator comments	

Chart may be expanded as needed.

Psychologists 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. Psychologists 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 psychologist. The psychologist 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.