

## Form E: Summative Evaluation Form for Social Workers

Name: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

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

<b>Domain 1 - Planning and Preparation</b>	Unsatisfactory	Needs Improvement	Proficient	Excellent
1a: Demonstrating knowledge and skills with social assessments and social and family dynamics.				
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 programs.				
OVERALL PERFORMANCE IN AREA				
Comments:				
<b>Domain 2 - Classroom Environment</b>	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: Conducting individual and group counseling to meet the needs of the students.				

OVERALL PERFORMANCE IN AREA				
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Comments:

<b>Domain 3 - Instruction</b>	Unsatisfactory	Needs Improvement	Proficient	Excellent
<b>3a: Responding to referrals; consults with teacher and administrators</b>				
<b>3b: Contributing interventions and strategies during meetings</b>				
<b>3c: Establishing working relationships with parents/families</b>				
<b>3d: Maintaining accurate records according to state code and guidelines</b>				
<b>3e: Demonstrating flexibility and responsiveness</b>				
OVERALL PERFORMANCE IN AREA				

Comments:

<b>Domain 4 - Professional Responsibilities</b>	Unsatisfactory	Needs Improvement	Proficient	Excellent
<b>4a: Reflecting on practice</b>				
<b>4b: Creating a comfortable environment conducive to team and parent collaboration</b>				
<b>4c: Maintaining an effective data-management system</b>				
<b>4d: Participating in a professional community</b>				
<b>4e: Engaging in professional development</b>				
<b>4f: Demonstrating professional demeanor</b>				

OVERALL PERFORMANCE IN AREA																
Comments:																
V. Composite Evaluation of Areas I, II, III and IV																
VI. Comments (Strengths, Concerns, Recommendations and Signatures)																
Social Worker Final Summative Rating: _____ Unsatisfactory      _____ Needs Improvement _____ Proficient            _____ Excellent																
<table border="0"> <thead> <tr> <th data-bbox="74 1381 1104 1417">Social Worker Recommendation:</th> <th data-bbox="1104 1381 1291 1417">Yes</th> <th data-bbox="1291 1381 1583 1417">No</th> </tr> </thead> <tbody> <tr> <td data-bbox="74 1417 1104 1501">1. Recommend for continued employment</td> <td data-bbox="1104 1417 1291 1501" style="text-align: center;"><input type="checkbox"/></td> <td data-bbox="1291 1417 1583 1501" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="74 1501 1104 1585">2. Recommend for continued employment with annual evaluation</td> <td data-bbox="1104 1501 1291 1585" style="text-align: center;"><input type="checkbox"/></td> <td data-bbox="1291 1501 1583 1585" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="74 1585 1104 1680">3. Recommend remediation status</td> <td data-bbox="1104 1585 1291 1680" style="text-align: center;"><input type="checkbox"/></td> <td data-bbox="1291 1585 1583 1680" style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>					Social Worker 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"/>
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Signature of Social Worker \_\_\_\_\_ Date \_\_\_\_\_

Signature of Evaluator \_\_\_\_\_ Date \_\_\_\_\_

Moline School District No. 40  
Summative Evaluation Form for Social Worker

Probationary Social Worker Recommendation

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

\_\_\_\_\_  
Social Worker's Signature

\_\_\_\_\_  
Date

**Form F: Professional Development Planning Form for Social Worker**

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

Chart may be expanded as needed.

Social Worker 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. Social Workers 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.