Speech Language Pathologist Evaluation Instrument

Domain 1: Planning and Preparation

Criteria	Ineffective	Partially Effective	Effective	Highly Effective
1a. Demonstrates knowledge of the discipline and of district, state, and federal guidelines and regulations **Indicators:** **1. Therapist's plans reflect the research based content and best practices of the discipline.** **2. Plans include the use of appropriate individual, small group, and whole group activities.** **3. Program plans align with legal requirements or regulations.**	Therapist's plans and practices demonstrate little to no knowledge of or proficiency in the specialized area. Therapist does not demonstrate knowledge of applicable guidelines, laws, and regulations. Critical Attributes: 1. Therapist's plans lack evidence of research-based interventions; techniques used may be outdated or clinically inappropriate for the student's specific disorder. 2. Plans do not account for student-specific needs when grouping; for example, students with vastly different goals (e.g., articulation vs. AAC) are grouped together for convenience rather than therapeutic benefit. 3. Documentation (IEPs, progress reports) reflects a lack of understanding of IDEA or state-specific regulations, leading to missed timelines or incorrect coding. 4. The therapist is unaware if students are receiving their full service minutes or mandated accommodations and does not inquire with school staff.	Therapist's plans and practices evidence some knowledge of the theory and practice of the discipline. Therapist demonstrates limited knowledge of applicable guidelines, laws, and regulations. Critical Attributes: 1.Therapist utilizes some research-based practices, but their application is inconsistent or does not always align with the most current best practices in the field. 2. Plans include various group sizes, but the therapist tends to stick to a "one-size-fits-all" grouping model regardless of shifting student needs. 3. The therapist demonstrates a "check-box" understanding of legal requirements but may struggle to explain the rationale behind certain regulations or may make occasional minor errors in compliance. 4. The therapist recognizes	Therapist's plans and practices demonstrate knowledge of the theories and instructional practices of the discipline. Therapist demonstrates appropriate knowledge of applicable guidelines, laws, and regulations. Critical Attributes: 1.Plans consistently reflect current, research-based content and the therapist can articulate the "why" behind chosen therapeutic interventions. 2. Lesson and program plans clearly differentiate between individual, small group, and whole-group activities based on what will best serve the student's IEP goals. 3. The therapist maintains a high level of accuracy in all legal documentation and proactively ensures that program plans align with district and state mandates. 4. The therapist regularly communicates with classroom teachers and special education staff to ensure that students are receiving their mandated service minutes and classroom	Therapist's plans and practices demonstrate deep knowledge of the theories of the practice and a high degree of skill in his/her intentional and creative application to the planned work. Therapist participates in framing and revising district policies and procedures and provides professional learning to help ensure colleagues also understand these. Critical Attributes: 1. The therapist demonstrates an expert-level, creative application of clinical theory, often adapting complex research into innovative, highly effective therapy sessions. 2. Plans reflect a sophisticated understanding of how to weave together various grouping styles to maximize student engagement and peer-modeling opportunities. 3. The therapist is a leader within the district, actively participating in the revision of SLP policies or procedural manuals and ensuring the

		when services are not being fully provided but has a limited repertoire of strategies to work with staff to rectify the situation.	accommodations.	department stays ahead of regulatory changes. 4. The therapist initiates professional learning sessions for school staff to ensure all colleagues understand their roles in service delivery, ensuring no student's needs "fall through the cracks."

1b. Uses knowledge of his/her specialty area to plan programs that meet students needs **Indicators:** **1. Therapist uses research-based practices to guide and support student development.** **2. Therapist's plans reflect the research -based content and best practices of the discipline.** **3. Plans include the use of appropriate individual, small group, and/or whole group activities.**	Therapist's plans and practices display minimal knowledge of typical developmental characteristics, skills, and needs of students in his/her specialty. Therapist's plans and practices display minimal knowledge of disabilities of students. Critical Attributes: 1. Therapist's plans do not account for the specific communication disorders of the students; materials used are often not age-appropriate or clinically relevant to the student's goals. 2. Therapist fails to demonstrate an understanding of how a student's specific disability (e.g., Autism, Developmental Language Disorder) impacts their social behavior or academic performance. 3. Therapy plans lack evidence of current research-based interventions or best practices in the field of speech-language pathology. 4. Therapist does not provide evidence of current state licensure or national certification (e.g., ASHA CCCs).	Therapist's plans and practices display general knowledge of developmental characteristics, skills, and needs of students as a whole group in his/her specialty. Therapist's plans and practices display general understanding of disabilities of students. Critical Attributes: 1. Therapist plans for the "average" student with a specific diagnosis (e.g., using the same activity for all students with language goals) rather than tailoring to the individual's specific profile. 2. Therapist understands a student has a disability but does not consistently translate that knowledge into specific therapeutic supports or classroom modifications. 3. Therapist uses some research-based practices, but their application is inconsistent or not clearly linked to the student's specific data or needs. 4. Therapist maintains current certification but rarely incorporates new professional learning or	Therapist's plans and practices display solid understanding of developmental characteristics, skills, and needs of each individual student in his/her specialty. Therapist's plans and practices display solid understanding of how disabilities impact students' attitudes, behaviors, and performances. Critical Attributes: 1. Therapist's plans are specifically tailored to the individual developmental characteristics, cognitive levels, and communication skills of each student. 2. The therapist provides clear evidence of how they have adapted their practices to address how a student's specific impairment impacts their classroom attitudes, behaviors, and social-emotional performance. 3. Plans and practices are consistently grounded in evidence-based practice (EBP), reflecting a solid understanding of current clinical research. 4. The therapist maintains all required certifications and can demonstrate how recent professional development has	Therapist's plans and practices take into account characteristics, skills, and needs of each individual student. Therapist uses this knowledge to create meaningful and realistic opportunities and to differentiate instruction. Critical Attributes: 1. Plans demonstrate sophisticated differentiation, where the therapist uses their deep knowledge of an individual student's strengths and interests to overcome barriers created by their disability. 2. Therapist creates "meaningful and realistic" opportunities by planning therapy that connects clinical goals to functional, real-world school environments (e.g., the cafeteria, playground, or vocational settings). 3. Therapist proactively identifies potential barriers to a student's success and builds scaffolds into the program plan before issues arise.

		updated clinical research into their program planning.	informed their current student plans.	
1c. Establishes clear therapeutic goals to address the needs of the students served **Indicators:** **1. Therapeutic goals are developed for individual students.** **2. Therapeutic goals are clearly defined.** **3. The goals are chronologically appropriate for the students served.** **4. Therapeutic goals are appropriate to address the service needs of the students.**	Therapeutic goals are not clear or are too low-level and/or too vague for the students' ages or conditions. students' ages or conditions. Critical Attributes: 1. Goals may be generic, copied, or not meaningfully connected to each student's communication profile, assessment results, present levels, or service needs. 2. Goals may lack specific skills, conditions, criteria, or observable outcomes, making it difficult to determine progress. 3. Goals may not reflect the student's age, functional needs, disability-related needs, communication system, or expected participation in school routines. 4. Goals may miss important areas such as functional communication, AAC use, receptive/expressive language, pragmatic communication, articulation, self-advocacy, or classroom participation.	Therapeutic goals are somewhat clear and appropriate for the ages and needs of some of the students. Critical Attributes: 1. Goals may reflect some student needs but may not clearly address the student's full communication profile, functional needs, or learning context. 2. Goals may identify a general skill area, but criteria, conditions, measurement, or expected outcomes may not be consistently specific. 3. Some goals may be developmentally relevant but may not consistently support meaningful communication, independence, or participation in age-appropriate activities. 4. Goals may support progress in selected areas but may overlook important needs related to AAC, social communication, classroom access, generalization, or functional communication.	Therapeutic goals are clearly defined and appropriately designed for the ages and needs of the students served. Critical Attributes: 1. Goals are based on assessment results, present levels, IEP needs, student communication profile, and relevant input from the educational team. 2. Goals include observable skills, appropriate conditions, criteria for success, and methods for monitoring progress. 3. Goals reflect the student's age, disability-related needs, communication system, school environment, and functional participation needs. 4. Goals target meaningful areas such as functional communication, AAC use, receptive and expressive language, pragmatic skills, articulation, self-advocacy, and access to instruction.	Therapeutic goals are crisply defined and highly appropriate for informing a wide range of aligned program activities that address the needs and ages of the students served. Critical Attributes: 1. Goals reflect assessment data, present levels, communication strengths and needs, AAC access, classroom demands, family/team input, and functional participation across settings. 2. Goals include clear conditions, criteria, supports, and progress-monitoring methods that allow the team to determine whether the student is making meaningful progress. 3. Goals support communication in ways that are appropriate for the student's age, disability-related needs, cultural context, school routines, and long-term independence. 4. Goals are designed to improve communication, participation, access to instruction, peer/adult interaction, AAC use, self-advocacy, and independence across therapy, classroom, and functional

				settings.
1d. Ensures the therapeutic program is coherent and integrated with the school programs to meet student needs **Indicators:** **1. Therapeutic and school programs are integrated to ensure a seamless approach to student learning.** **2. Therapeutic program ensures coherence through the alignment of goals, activities, and processes.** **3. The goals of the therapeutic program focus on student learning.** **4. Therapeutic program enhances learning by removing the barriers to student learning in the school programs.**	Planned therapeutic program is incoherent, made up of a series of activities and experiences that are poorly aligned with the goals of both the therapeutic program and the school programs. Critical Attributes: 1.Therapy goals and activities may appear separate from classroom instruction, school routines, student schedules, or functional communication needs. 2. Services may feel fragmented or inconsistent, with limited connection between assessment results, IEP goals, therapy activities, classroom supports, and student outcomes. 3. Therapy may not meaningfully support access to instruction, classroom participation, communication during school routines, or progress within the educational environment. 4. Communication, AAC, sensory, behavioral, social, or participation barriers may remain unaddressed or disconnected from classroom needs and school programming.	Planned therapeutic program includes activities that are somewhat coherent and not well aligned and integrated with the program goals and the school programs. Critical Attributes: 1. Some therapy activities support classroom needs, but integration with instructional routines, team planning, or functional school participation may be inconsistent. 2. Goals, services, materials, and strategies may connect in some areas, but may not consistently form a clear, coordinated plan across settings. 3. Services may address communication skills, but may not consistently connect those skills to classroom participation, curriculum access, peer interaction, or daily school routines. 4. The therapist may identify and support certain communication or access needs, but supports may not be fully embedded into the school program.	The planned therapeutic program is both coherent and well integrated with the school programs. Critical Attributes: 1.Therapy goals and activities connect to classroom expectations, school routines, IEP needs, and student participation across educational settings. 2. The therapist plans services so that assessment results, IEP goals, treatment activities, communication supports, and progress monitoring work together coherently. 3. Services are designed to improve communication, participation, access to instruction, social interaction, independence, and functional performance in school settings. 4. The therapist addresses communication, AAC, language, social, sensory, behavioral, or access needs that interfere with student success in the school program.	The therapeutic program aligns and integrates program activities, program goals, and school goals to ensure a coherent and flexible approach that addresses the needs of most of the students served. Critical Attributes: 1. Therapy is intentionally connected to the student's educational program, daily routines, communication opportunities, team supports, and functional participation across settings. 2. The therapist ensures strong alignment among assessment data, IEP goals, treatment plans, classroom supports, AAC systems, data collection, and student outcomes. 3. Services support access to instruction, functional communication, peer and adult interaction, self-advocacy, independence, and generalization of skills throughout the school day.The therapist collaborates with staff to identify and address communication, AAC, sensory, behavioral, social, physical, and instructional barriers so students can participate more fully in the school program.

1e. Develops plans to assess and improve the therapeutic services offered to students **Indicators:** **1. Therapist has a clearly defined plan to assess the impact of the therapeutic services.** **2. Impact is assessed relative to goals for therapy.** **3. Evidence of impact informs improvement of therapeutic services.** **4. Assessment and improvement strategies are documented.**	No plans have been developed to assess and improve the therapeutic services offered to individuals or groups of students. Critical Attributes: 1. Therapist lacks a systematic method for tracking student progress toward IEP goals during sessions. 2. Therapeutic activities remain the same week after week, even when a student is failing to make progress or has already mastered a skill. 3. There is no written evidence or "session notes" explaining how data is being used to evaluate the effectiveness of the intervention. 4. The therapist only considers changes to the program when prompted by an annual review or a formal complaint, rather than through ongoing assessment.	Therapist has developed a limited approach to assessing and improving the therapeutic services offered to individuals or groups of students. Critical Attributes: 1. Data is collected sporadically, making it difficult to see long-term trends in student performance or the true impact of the therapy. 2. Therapist makes minor changes to therapy (e.g., switching a game) but does not necessarily change the clinical approach or prompt level based on evidence. 3. Progress reports are completed, but they often summarize performance without providing a plan for how to improve or accelerate growth in the next period. 4. The therapist recognizes when a service is not working but struggles to identify why or what specific research-based alternative should be implemented.	Therapist has developed a clear plan to assess the processes and impact of the services offered to individuals or groups of students and to use the evidence of impact to frame improvements. Critical Attributes: 1. Therapist uses a clear, organized system for collecting data in every session, directly linked to the student's specific therapeutic goals. 2. Therapist regularly analyzes data trends to "course-correct," adjusting cues, materials, or therapeutic techniques to better meet student needs. 3. Therapy logs and progress notes clearly articulate the rationale for changes in the program based on the evidence collected. 4. The therapist can clearly demonstrate how the specific therapeutic activities chosen have led to measurable gains in the student's communication abilities.	Therapist has developed a plan for ongoing review and refinement of the services offered to individuals or groups of students, incorporating the recommendations of students and other stakeholders. Critical Attributes: 1. The therapist uses planned, ongoing methods to monitor student progress across therapy sessions, classroom settings, and functional communication opportunities. 2. The therapist analyzes data, identifies patterns, adjusts strategies, modifies supports, and collaborates with team members to improve student communication outcomes. 3. Documentation clearly shows how student progress data informs therapy planning, intervention changes, consultation, and ongoing service improvement. 4. Documentation clearly shows how student progress data informs therapy planning, intervention changes, consultation, and ongoing service improvement.

Domain 2: The Learning Environment

Criteria	Ineffective	Partially Effective	Effective	Highly Effective
2a. Knows and develops positive and respectful interactions with students **Indicators:** **1. Therapist models the expected behaviors by treating all students in respectful and caring ways.** **2. There is a marked absence of sarcasm, put-downs, and any form of negative interactions or bullying among the students.** **3. Therapist and students demonstrate genuine concern and caring for each other.** **4. Students indicate that they feel safe in the program environment.**	Therapist does not know the students served and does not exhibit respectful and caring interactions with them. Students do not appear comfortable in the therapeutic setting. therapeutic program. Critical Attributes: 1. The therapist may use sarcasm, harsh tone, public correction, impatience, or language that does not reflect dignity or care. 2. Student communication through speech, AAC, gestures, behavior, facial expressions, or body language may be ignored, rushed, misinterpreted, or treated as non-purposeful. 3. Students may appear anxious, withdrawn, reluctant to participate, dysregulated, or hesitant to communicate due to the therapist's interactions or lack of support. 4. Interactions are primarily compliance-based or task-driven, with little evidence that the therapist knows students as individuals or adapts interactions to support trust and engagement.	Therapist's interactions with students are generally appropriate, but there is limited success in promoting respectful and caring interactions among the youngsters. Therapist typically respects the cultural and linguistic diversity of the students, but there are some indicators of insensitivity. Levels of rapport vary.Critical Attributes: 1.The therapist usually uses a calm and caring tone, but interactions may sometimes appear rushed, overly directive, corrective, or task-focused. 2. The therapist may respond to verbal communication but inconsistently acknowledge AAC, gestures, facial expressions, body language, behavior, or other individualized communication forms. 3. Students are generally treated with dignity, but the therapist may not always provide enough wait time, emotional support, sensory consideration, or assistance during	Therapist models and promotes respectful and supportive interactions with each student, actively encouraging students to interact with each other in respectful and caring ways. Therapist respects and celebrates the cultural and linguistic differences among the students. Adult/student rapport is high. Critical Attributes: 1. The therapist uses a calm tone, positive language, patience, and dignity when supporting students during therapy activities. 2. The therapist acknowledges verbal speech, AAC, gestures, signs, facial expressions, body language, behavior, and other communication forms as meaningful. 3. Students are provided with wait time, encouragement, visual or communication supports, and assistance during transitions, frustration, or communication breakdowns. 4. The therapist demonstrates knowledge of students' strengths, preferences, needs, and communication goals, helping students feel valued, understood, and willing to	Students and Therapist collaborate to maintain the positive climate promoted by the Therapist. Students monitor their own interactions to ensure they are both respectful and supportive. Therapist continues to model respectful and supportive interactions, continuously promoting and supporting respect for diversity. Critical Attributes: 1. The therapist consistently communicates with students in caring, age-appropriate ways and adjusts tone, pacing, language, and supports based on each student's needs. 2. The therapist consistently responds to verbal speech, AAC, gestures, signs, facial expressions, body language, behavior, and other communication attempts, using them as opportunities to build connection and increase student voice. 3. Students are comfortable attempting communication, making mistakes, requesting help, expressing preferences, and participating in therapy routines.4. The therapist uses

		communication breakdowns or transitions. 4. The therapist may know basic information about students and use some preferred items or interests, but interactions may not consistently promote trust, engagement, or a strong therapeutic relationship.	participate.	deep knowledge of students' strengths, interests, sensory needs, cultural background, communication systems, and goals to foster meaningful participation and positive relationships.
2b. Sets priorities and organizes time **Indicators:** **1. Priorities are set and communicated with critical** **stakeholders.** **2. Therapeutic** **programs and** **activities are** **delivered as** **Mandated based on student availability.** **3. Students and** **teachers know the schedule for services.** **4. The ordered** **priorities inform the schedules.**	Priorities are not clearly defined and time is not well managed, causing negative impact on mandates and the timely completion of reports. Critical Attributes: 1. Critical stakeholders, such as teachers, case managers, families, or administrators, may be unclear about therapy priorities, scheduling needs, or service delivery expectations. 2. Sessions may be missed, delayed, shortened, or inconsistently provided, without appropriate documentation, follow-up, or consideration of student availability. 3. Students and teachers may not know when services will occur, resulting in confusion, missed sessions, or disruption to classroom routines. 4. The therapist's schedule may appear reactive, disorganized, or based on convenience rather than IEP mandates, student availability, therapeutic need, or instructional impact.	Time is somewhat organized, ensuring that required activities are completed although not necessarily efficiently. Critical Attributes: 1. Teachers, case managers, families, or administrators may have only a general understanding of therapy priorities, scheduling needs, or service expectations. 2. Sessions are generally provided, but there may be occasional missed, shortened, or rescheduled sessions without consistent follow-up or clear documentation. 3. Some students and staff know when services occur, but changes to the schedule may not always be communicated in a timely or clear manner. 4. The therapist considers IEP mandates and student availability, but scheduling decisions may not always fully reflect instructional needs,	Priorities are well ordered, ensuring that the therapeutic work proceeds on time and efficiently. Mandates are defined and communicated to students and teachers. Critical Attributes: 1. The therapist communicates with relevant stakeholders, such as teachers, case managers, families, and administrators, regarding therapy priorities, scheduling needs, and service delivery expectations. 2. The therapist provides services according to IEP mandates and makes appropriate scheduling decisions that consider student attendance, classroom demands, and availability. 3. Students and teachers know when services are expected to occur, and schedule changes are communicated in a timely and professional manner. 4. The therapist organizes service delivery in a way that reflects mandated services, therapeutic needs, instructional impact, and	Effective and efficient time management skills help ensure that therapeutic activities run smoothly and on schedule. Students, teachers, and families/ caregivers know and understand the mandate of services. Critical Attributes: 1. The therapist collaborates with teachers, case managers, administrators, families, and related service providers to ensure priorities are clearly understood and aligned with student needs. 2. The therapist anticipates scheduling barriers, adjusts appropriately, and ensures students receive required services with minimal disruption to instruction and classroom routines. 3. Students, teachers, and relevant team members understand when services occur, and changes are communicated promptly, professionally, and with

		therapeutic priorities, or efficient use of service time.	efficient use of available therapy time.	consideration for student needs. 4. The therapist uses ordered priorities, IEP mandates, student availability, instructional impact, and therapeutic need to make thoughtful scheduling decisions that maximize student benefit.
2c. Organizes physical space to support program goals and activities **Indicators:** **1. The physical space is well organized.** **2. Students can quickly and easily access all necessary materials, supplies, and equipment and put them away in their designated spaces.** **3. The physical arrangement promotes and supports multiple program activities.** **4. Students indicate that they feel safe and comfortable in the therapeutic environment.**	The physical space is disorganized and not arranged to support program activities, compromising the achievement of program goals. Access to program resources and equipment is constrained. Critical Attributes: 1. Materials, supplies, AAC systems, visuals, seating, or therapy tools may be difficult to locate, unavailable, or not arranged to support planned activities. 2. The physical setup may limit student independence, participation, or communication access, especially for students with mobility, sensory, visual, or motor needs. 3. The space may be cluttered, distracting, unsafe, or poorly arranged for individual therapy, small-group work, AAC use, play-based communication, or functional language activities. 4. Students may appear uncomfortable, dysregulated, hesitant to participate, or unable to engage because the space does not meet their physical, sensory, communication, or emotional	The physical space is safe and reasonably organized to support some program activities, by it is not flexible enough to support the various learning experiences that take place as part of the program. Students can usually locate and access resources and equipment, although time is wasted in looking for these. Critical Attributes: 1. The therapist has some systems in place, but supplies, visuals, AAC supports, or therapy materials may occasionally be difficult to access or not ready for student use. 2. Students may require adult assistance to obtain, use, or put away materials that could otherwise support participation, communication, or independence. 3. The space may work for certain activities, but may be less effective for small-group	The physical space is safe and well organized to support the program activities and goals. Students can readily and independently access resources and equipment they need. Critical Attributes: 1. Materials, visuals, AAC supports, supplies, seating, and therapy tools are available and arranged to support planned therapeutic activities. 2. The physical setup allows students to use materials, equipment, communication supports, and supplies in ways that promote participation and independence. 3. The space is arranged to support individual therapy, small-group work, AAC use, play-based communication, structured tasks, functional language activities, and sensory or movement needs. 4. Students appear comfortable in the space and are able to participate in therapy activities with appropriate physical, sensory, communication, and emotional supports.	The physical space is safe and organized in a flexible and inviting manner, fully supporting program activities. The students collaborate with the therapist to maintain the physical space and reorganize as necessary to support emerging needs. Critical Attributes: 1. Materials, visuals, AAC supports, seating, supplies, and therapy tools are arranged in ways that directly support student communication goals, sensory needs, physical access, and planned activities. 2. The environment promotes student independence, participation, and communication by making needed materials, AAC systems, visuals, and supplies accessible and clearly organized. 3. The space can effectively support individual therapy, small-group instruction, AAC use,

	needs.	work, individual therapy, AAC access, sensory needs, movement needs, or functional communication practice. 4. Most students can participate, but some may show distraction, discomfort, reduced engagement, or difficulty accessing the environment due to sensory, physical, communication, or organizational barriers.		play-based communication, structured language tasks, functional communication, sensory regulation, and movement needs. 4. Students appear comfortable and secure in the space, are able to participate meaningfully, and demonstrate that the environment supports their physical, sensory, communication, and emotional needs.
Domain 3: Delivery of Service				
Criteria	**Ineffective**	**Partially Effective**	**Effective**	**Highly Effective**

3a. Implements treatment aligned with students' needs and goals **Indicators:** **1. Treatment aligns with the needs and goals identified through the assessment and referral process.** **2. Treatment appropriately addresses the identified needs and goals to encourage student success.** **3. Therapist can explain how the treatment is being implemented.** **4. Treatment focuses on data-informed strategies to remove barriers to learning.**	Treatment is not aligned with the needs and goals identified through the referral and assessment process. Critical Attributes: 1. Therapy activities may appear disconnected from the student's identified communication needs, referral concerns, present levels, or documented goals.2. The therapist may use generic, low-purpose, or mismatched activities that do not meaningfully support the student's receptive, expressive, pragmatic, articulation, fluency, voice, AAC, or functional communication needs. 3. The therapist may have difficulty describing why specific strategies, prompts, materials, or interventions are being used or how they connect to the student's goals. 4. The therapist does not consistently use data to select strategies, adjust instruction, remove communication barriers, or improve student access to learning.	Treatment is only somewhat aligned with the needs and goals identified through the referral and assessment process, and so treatment is not entirely appropriate to address student needs. Critical Attributes: 1. Some therapy activities address identified communication needs, while others may appear more activity-based than goal-driven. 2. The therapist may target general skill areas, but strategies may not always be individualized to the student's communication profile, learning needs, AAC needs, sensory needs, or functional participation. 3. The therapist may explain what students are doing, but may not clearly explain why specific strategies, prompts, supports, or materials were selected. 4. The therapist collects or references data at times, but may not consistently use it to adjust treatment, remove barriers, or improve student access to learning.	Treatment is effectively aligned with the identified needs and goals and is appropriate to address student needs. Critical Attributes: 1. Therapy activities are selected to address identified communication needs and support progress toward documented goals. 2. The therapist uses individualized strategies, supports, prompts, materials, and communication systems to help students participate and make progress. 3. The therapist describes the purpose of the activity, the targeted skill, the instructional approach, and the connection to the student's goals. 4. The therapist uses student performance data to monitor progress, adjust supports, and improve access to communication, instruction, and participation.	Treatment is comprehensive in scope, inventive, and tightly aligned with the needs and goals identified through the referral and assessment process. Critical Attributes: 1. Therapy activities are intentionally selected based on each student's communication profile, present levels, learning needs, and functional participation across settings. 2. The therapist uses evidence-based and student-specific strategies that address communication needs in ways that promote participation, independence, and carryover to classroom and functional environments. 3. The therapist can explain how strategies, prompts, materials, AAC supports, data, and service delivery decisions connect to student goals and communication outcomes. 4. The therapist analyzes student progress, identifies patterns, modifies treatment as needed, and collaborates with team members to improve access, communication, and student success.

3b. Ensures the use of therapeutic techniques and strategies in sessions and in classrooms **Indicators:** **1. Therapist ensures teachers understand student needs and treatment plans.** **2. Therapist works with teachers to implement strategies in the classroom to support student needs.** **3. Therapist promotes full implementation of the planned services for all sessions, as appropriate.**	Therapeutic treatment is either A limited number of therapeutic A range of therapeutic A wide range of therapeutic undefined or insufficiently defined to promote full implementation in one-on -one sessions or small group sessions with students. No effort is made to work with teachers to support these students in the classroom setting. Critical Attributes: 1. Therapist does not clearly communicate student needs or treatment plans to teachers. Teachers may be unaware of students' communication needs, goals, accommodations, AAC systems, or recommended supports. 2. Strategies used in therapy sessions are not shared, modeled, or adapted for classroom routines, limiting carryover and generalization. 3. Planned services may not be fully delivered, or techniques may not align with student needs, goals, or treatment plans. 4. Student supports may remain isolated to the therapy room, with limited collaboration or follow-through in classroom environments.	A limited number of therapeutic strategies and techniques are fully implemented in sessions. Minimal effort is made to work with teachers to implement strategies in classrooms that would support student needs. Critical Attributes: 1. Communication may occur, but it may be informal, inconsistent, or not detailed enough for teachers to fully understand how to support students. 2. The therapist may suggest strategies or provide materials, but may not consistently model, coach, follow up, or adapt strategies for classroom use. 3. Some sessions reflect the treatment plan, while others may be more activity-based or less clearly connected to planned services. 4. Some strategies may be used in the classroom, but generalization is limited due to inconsistent collaboration, communication, or monitoring.	A range of therapeutic strategies and techniques are fully implemented in sessions. Sufficient effort is made to work with teachers to implement strategies in classrooms that support student needs. Critical Attributes: 1. Therapist communicates student needs and treatment plans clearly to teachers. Teachers understand relevant communication needs, therapy goals, AAC supports, accommodations, and strategies needed to support student participation. 2. The therapist provides practical strategies, models supports, offers feedback, and helps adapt techniques for classroom routines and activities. 3. The therapist uses planned strategies, supports, materials, and service delivery methods that align with student needs and goals. 4. The therapist helps ensure that communication supports and strategies are used beyond the therapy setting to increase student success in classroom and functional activities.	A wide range of therapeutic strategies and techniques are fully implemented in sessions. Therapist works closely with teachers to help them adjust their instructional strategies, lesson goals, and physical space to best meet the needs of the students served. Critical Attributes: 1. The therapist provides clear, practical, and individualized guidance so teachers understand how to support each student's communication, participation, AAC use, and access to instruction. 2. The therapist models techniques, problem-solves barriers, adapts strategies to real classroom demands, and supports consistent use throughout the school day. 3. Planned services are delivered intentionally and consistently, with strategies matched to student goals, data, communication needs, and functional outcomes. 4. Communication supports and therapeutic strategies are integrated into therapy, classroom instruction, transitions, routines, and functional activities to maximize student independence and success.

3c. Uses data to adjust treatment during delivery of services **Indicators:** **1. Therapist provides written records showing the use of a system to monitor impact of treatment.** **2. Student challenges and accomplishments, relative to planned treatment, are clearly documented.** **3. Adjustments made by Therapist during delivery of services are recorded. 4. Therapist continually improves treatment to meet student needs**	Therapist does not use a defined system to monitor impact of treatment during delivery. Data is not used to adjust treatment during delivery. Critical Attributes: 1. Data collection is absent, incomplete, inconsistent, or not connected to student goals and treatment plans. 2. Records do not show meaningful information about student progress, barriers, responses to treatment, or areas of need. 3. The therapist may continue using the same activities, prompts, or strategies without documenting changes based on student performance. 4. There is little evidence that data is used to guide clinical decisions, modify supports, or improve therapeutic services.	Therapist uses a somewhat defined system to monitor impact of treatment during delivery. Data is used minimally to adjust treatment during delivery. Critical Attributes: 1. Data may be collected for some sessions or goals, but it may not consistently show student progress over time. 2. Records may include general notes about performance, but may not clearly explain patterns, barriers, progress, or response to treatment. 3. The therapist may change prompts, materials, groupings, or strategies, but these adjustments may not always be recorded or linked to student data. 4. The therapist may respond to obvious student needs, but may not consistently use data to refine treatment or plan next steps.	Therapist uses a clearly defined system for monitoring impact of treatment during delivery. Data is used regularly to adjust treatment during delivery. Critical Attributes: 1. Data collection is organized, ongoing, and connected to student goals, treatment plans, and service delivery. 2. Records reflect student progress, barriers, successful supports, communication needs, and response to treatment. 3. The therapist documents changes to prompts, materials, strategies, AAC supports, service delivery, or instructional approaches based on student performance. 4. The therapist uses data to make appropriate changes that support student progress, participation, communication, and access to learning.	Therapist has a system for monitoring impact of treatment during delivery, and this system is shared with critical stakeholders. Data is used regularly to adjust treatment during delivery, and these adjustments are frequently reported to stakeholders. Critical Attributes: 1. Written records show ongoing data collection across goals, sessions, settings, and relevant communication contexts. 2. Records clearly show progress, patterns, barriers, effective supports, emerging skills, and student response to therapeutic strategies. 3. The therapist records changes to prompts, strategies, materials, AAC supports, groupings, service delivery, or environmental supports, along with the reason for the adjustment. 4. The therapist actively analyzes student performance, refines intervention, collaborates with team members, and adjusts supports to maximize communication, independence, and student success.

3d. Demonstrates responsiveness to students' needs **Indicators:** **1. Program plans are adapted to address emerging student needs.** **2. Therapist uses multiple forms of data to identify how effectively program services align with students' needs.** **3. The services program is designed to be both responsive and flexible.**	Therapist follows the planned program for service delivery, regardless of whether or not it continues to adequately address students' needs. Developmental levels, cultural proficiency, and linguistic levels are not taken into consideration. Critical Attributes: 1. Services may continue in the same manner even when students demonstrate new communication needs, regression, frustration, lack of progress, or changes in functioning. 2. Decisions may be based on routine, convenience, or prior plans rather than current student performance, progress data, observation, teacher input, or student response. 3. The therapist does not adjust strategies, materials, prompting, AAC supports, service delivery, or session structure when students require different supports. 4. Students may remain disengaged, unsuccessful, dysregulated, or unable to access communication supports because services are not adjusted appropriately.	Moderate changes are made to the treatment plan when emerging needs foster a new view of the treatment. Developmental levels, cultural proficiency, and linguistic levels are taken into consideration in a limited way. Critical Attributes: 1. The therapist may respond to obvious student needs but may not consistently adjust plans based on emerging communication, behavioral, sensory, or learning needs. 2. The therapist may review progress data, observations, teacher input, or session notes, but this information may not consistently guide changes to services. 3. Adjustments to strategies, materials, pacing, prompting, AAC supports, or service delivery may occur, but may not be consistently individualized or documented. 4. Students may receive support when difficulties are apparent, but proactive planning and flexible problem-solving may be limited.	Therapist uses existing and emerging evidence to guide appropriate changes to the planned services in order to better meet students' needs. Developmental levels, cultural proficiency, and linguistic levels are taken into consideration. Critical Attributes: 1. The therapist modifies therapy activities, supports, strategies, or service delivery when students demonstrate changing communication, learning, sensory, behavioral, or participation needs. 2. The therapist considers progress data, observations, student performance, teacher input, family input when available, and response to intervention when making service decisions. 3. The therapist adjusts pacing, prompting, materials, AAC supports, environmental supports, and session structure to improve student access, communication, and participation. 4. The therapist recognizes when a student needs additional support, a different approach, more wait time, a sensory break, a communication repair strategy, or a modification to the activity.	Therapist regularly reviews the implementation and impact of the planned treatment, integrating this analysis with input from critical stakeholders, to inform ongoing revisions to the treatment plan. Developmental levels, cultural proficiency, and linguistic levels are critical factors in shaping revised plans. Critical Attributes: 1. The therapist anticipates and responds to changes in student communication, regulation, access, participation, medical needs, behavior, or classroom demands. 2. The therapist integrates progress monitoring, clinical observation, classroom performance, teacher collaboration, AAC use data, student response, and team input to evaluate service effectiveness. 3. The therapist adjusts strategies, materials, prompting, AAC supports, environmental arrangements, consultative supports, and service delivery models to maximize student success.4. The therapist uses student needs and performance patterns to revise treatment approaches, reduce barriers, support generalization, and

				improve functional outcomes.

Domain 4: Professional Responsibilities				
Criteria	**Ineffective**	**Partially Effective**	**Effective**	**Highly Effective**

4a. Reviews and reflects on practice to inform recommendations for improvement **Indicators:** **1. Therapist identifies overall program impact, citing specific examples as evidence.** **2. Therapist identifies program challenges and makes recommendations to address these.** **3. Therapist presents concrete recommendations to improve program implementation and impact.** **4. Therapist and client reflect on the success of the therapeutic services, identifying areas for improvement.**	Therapist either does not reflect on practice or provides inaccurate recommendations for improvement. Critical Attributes: 1. The therapist provides little or no evidence showing how services affected student communication, participation, access, or progress toward goals. 2. Barriers such as limited carryover, inconsistent strategy use, scheduling issues, lack of progress, AAC access concerns, or student engagement needs may not be recognized or addressed. 3. Suggestions may be absent, vague, or not connected to student data, service delivery, classroom needs, or therapeutic outcomes. 4. There is little evidence that feedback from students, teachers, families, or team members is used to improve therapeutic services.	Therapist's reflections are generally accurate and focused on the effectiveness of services delivery. Recommendations are often too global to inform any meaningful recommendations for improvement. Critical Attributes: 1. The therapist may describe student progress or participation, but examples may not be specific or clearly connected to goals, data, or functional outcomes. 2. The therapist may recognize obvious barriers, but may not fully examine causes or consider how service delivery, classroom supports, or student needs affect outcomes. 3. Recommendations may be appropriate but may not include clear next steps, timelines, supports, collaboration, or methods for monitoring impact. 4. Reflection may include some input from teachers, families, or students when available, but feedback is not consistently used to guide improvement.	Therapist accurately reflects on the implementation and impact of the therapeutic services, providing concrete and specific examples of challenges and successes. Recommendations are specific and focused on program improvement. Critical Attributes: 1. The therapist identifies how services affected student progress, communication, participation, access, and performance relative to therapy goals. 2. The therapist recognizes barriers to student progress or service effectiveness and proposes practical strategies to address them. 3. Recommendations are connected to student needs, data, classroom participation, therapeutic strategies, service delivery, and team collaboration. 4. The therapist considers input from students, teachers, families, and/or team members to strengthen therapeutic services and improve outcomes.	Therapist's reflections are both specific and perceptive, not only citing evidence for the reflections, but also applying professional judgment to determine why goals were not met. Recommendations are specific and focused on ongoing program improvement. Critical Attributes: 1. The therapist uses specific examples, student data, classroom observations, stakeholder input, and functional outcomes to evaluate the effectiveness of therapeutic services. 2. The therapist identifies patterns, barriers, service delivery concerns, carryover needs, AAC/access issues, engagement concerns, or environmental factors that affect student success. 3. Recommendations include specific next steps, supports, collaboration opportunities, data-monitoring methods, and strategies to improve student communication, participation, and independence. 4. The therapist incorporates input from students, teachers, families, and team members to evaluate service success, identify improvement areas, and refine therapeutic programming.

4b. Keeps accurate records and writes timely IEPs and progress reports. **Indicators:** **1. Therapist takes notes and writes reflections after services are provided.** **2. Notes reflect both challenges and growth for individuals and groups of students.** **3. Therapist develops timely and accurate treatment reports.** **4. Treatment reports are appropriate for the intended audience.**	Therapist keeps minimal or no records of services provided. Program reports are inadequate or inappropriate for the intended audience. Critical Attributes: 1. Notes may be missing, incomplete, unclear, or not completed after services are provided. 2. Documentation may lack meaningful information about individual or group progress, barriers, participation, or response to therapy. 3. Reports may not align with student data, current performance, goals, services provided, or required timelines. 4. Documentation may be too vague, overly technical, unclear, or difficult for families, teachers, administrators, or team members to understand.	Therapist keeps some records of services provided. Reports are often inappropriate for the intended audience but usually accurate. Critical Attributes: 1. Notes are completed for many services, but may vary in detail, timeliness, or connection to student goals. 2. Documentation may describe progress generally, but may not consistently include specific examples, barriers, group performance, or individual response to treatment. 3. Reports may be generally accurate but may contain missing details, limited data, unclear language, or occasional delays. 4. Documentation may be understandable overall, but may not always be clear, individualized, family-friendly, or useful for instructional and therapeutic planning.	Therapist keeps records of student growth and needs from each of the services provided. Treatment reports are timely, accurate, and appropriate for the intended audience. Critical Attributes: 1. Records are organized, timely, and connected to therapy goals, student participation, and service delivery. 2. Documentation includes relevant information about progress, barriers, response to strategies, participation, and therapeutic needs. 3. Reports are completed within required timelines and reflect current data, present levels, goals, services, and student needs. 4. Reports use professional, clear, and accessible language that supports understanding by families, teachers, administrators, and team members.	Therapist keeps records of student growth and needs from all services provided and incorporates data from other sources to inform next steps. Treatment reports are timely, accurate, comprehensive, and specifically developed for the intended audience. Critical Attributes: 1. Notes and reflections are completed consistently after services and clearly inform planning, progress monitoring, and next steps. 2. Records include meaningful examples, student performance data, barriers, effective strategies, emerging needs, and evidence of progress over time. 3. Reports are data-based, individualized, legally sound, aligned with student needs, and completed within required timelines. 4. Documentation communicates student needs, progress, recommendations, and service implications in language that is professional, understandable, and actionable for families, staff, and team members.

4c. Enhances professional capacity through ongoing professional learning **Indicators:** **1. Therapist seeks professional learning opportunities within the school.** **2. Therapist seeks professional learning opportunities beyond the school district.** **3. Therapist informally shares new learning and skills with colleagues.** **4. Therapist provides workshops to share new learning and skills with colleagues.**	Therapist does not participate in professional learning. Critical Attributes: 1. The therapist shows limited evidence of pursuing learning related to speech-language therapy, AAC, autism, multiple disabilities, evidence-based practices, or student needs. 2. The therapist may attend only mandatory training and does not seek additional opportunities within or beyond the district. 3. There is little evidence that the therapist contributes to team learning, consultation, collaboration, or improved staff understanding of communication supports. 4. The therapist does not provide workshops, resources, modeling, or guidance to help colleagues improve therapeutic or classroom practices.	Therapist participates only in professional learning that is required by the district or state and does not share any professional learning with colleagues. Critical Attributes: 1. Participation may occur, but it may be limited to required training or areas of general professional interest. 2. The therapist may attend webinars, conferences, courses, or professional activities, but this learning may not consistently align with student needs or program priorities. 3. The therapist may share resources or ideas when asked, but sharing is inconsistent or limited in scope. 4. The therapist may contribute to discussions or small team supports but rarely provides structured workshops, training, or skill-building opportunities.	Therapist seeks and engages in professional learning opportunities and schedules opportunities to share the professional learning with colleagues. Critical Attributes: 1. The therapist participates in training, meetings, consultation, and collaborative learning opportunities that support student communication and therapeutic services. 2. The therapist pursues webinars, conferences, courses, professional readings, or continuing education related to speech-language therapy, AAC, autism, multiple disabilities, and evidence-based practices. 3. The therapist informally shares strategies, resources, tools, and ideas that support student communication, classroom participation, and therapeutic carryover. 4. The therapist provides or supports workshops, team discussions, modeling, or training opportunities that help colleagues implement communication strategies and student supports.	Therapist seeks out formal and informal professional learning opportunities, including feedback from colleagues, and applies this learning to improve service delivery and to increase the professional knowledge and skills of colleagues. Critical Attributes: 1. The therapist seeks targeted learning related to communication, AAC, autism, multiple disabilities, behavior, sensory needs, assistive technology, and evidence-based intervention. 2. The therapist participates in high-quality external learning opportunities and applies current research, best practices, and professional standards to improve services. 3. The therapist provides colleagues with practical strategies, resources, modeling, consultation, and follow-up support to improve communication access and carryover across settings. 4. The therapist leads workshops, trainings, coaching, or collaborative problem-solving sessions that build staff capacity and improve outcomes for students with communication needs.

4d. Demonstrates high standards of professionalism **Indicators:** **1. Therapist does not engage in discussions about clients that may violate their confidentiality in any way.** **2. Therapist promotes concerns about confidentiality among the faculty.** **3. Therapist provides accurate and honest information about the services and their impact.** **4. All school and district regulations are observed.**	Therapist's professional interactions are marked by lack of honesty and questionable integrity. Basic principles of confidentiality and school/district regulations and/or requirements are violated. Critical Attributes: 1. The therapist may discuss student information in inappropriate settings or share details beyond what is necessary for service delivery. 2. The therapist does not address or redirect conversations that may compromise student privacy or professional boundaries. 3. Communication about therapy services, student needs, progress, or impact may not be honest, data-based, or professionally stated. 4. Required procedures, timelines, documentation practices, ethical standards, or district regulations may be ignored or inconsistently followed.	Therapist is generally honest with stakeholders and typically acts with integrity. Confidentiality is honored, but school/district regulations are inconsistently addressed. Critical Attributes: 1. The therapist usually maintains privacy but may need reminders about where, when, or how student information should be discussed. 2. The therapist may avoid inappropriate discussions but does not always redirect others or promote stronger confidentiality practices among staff. 3. Information shared with families, staff, or team members may be mostly appropriate but not always fully supported by data or clearly connected to service impact. 4. Professional responsibilities are generally met, but there may be occasional concerns with timelines, procedures, documentation, communication, or follow-through.	Therapist's interactions are marked by honesty and integrity in the service of all clients. School/district regulations and confidentiality are observed. Critical Attributes: 1. The therapist discusses student information only with appropriate team members and only in settings that maintain privacy and dignity. 2. The therapist appropriately redirects conversations, models discretion, and supports staff understanding of confidentiality expectations. 3. Communication about student needs, therapy services, progress, and recommendations is data-informed, clear, and professionally appropriate. 4. The therapist observes required procedures, timelines, ethical expectations, documentation practices, and district policies.	Therapist displays the highest standards of honesty and integrity, challenging negativity and/or lack of integrity in any aspect of the service delivery. School/district regulations and confidentiality are consistently observed.

School Counselor Evaluation Instrument

Domain 1: Planning and Preparation

Criteria	Ineffective	Partially Effective	Effective	Highly Effective
1a. Demonstrating knowledge of counseling theory and techniques **Indicators:** **1. Uses counseling theories.** **2. Uses age-appropriate methods.** **3. Varies techniques for needs.** **4. Uses evidence-based tools.** **5. Stays current on research.** **6. Explains methods to others.**	Counselor demonstrates little or no understanding of counseling theory and techniques. Critical attributes: Incorrect knowledge of counseling techniques. Unable to identify appropriate application of various techniques.	Counselor demonstrates basic understanding of counseling theory and techniques. Critical attributes: Limited counseling theory and techniques. Depth of knowledge is limited, and variety of techniques does not extend to all populations served. Inconsistent ability to identify appropriate application of various techniques.	Counselor demonstrates thorough understanding of counseling theory and techniques. Critical attributes: Demonstrates solid knowledge of counseling discipline. Multiple techniques for all populations served. Solid foundation of counseling techniques and their application to individual situations.	Counselor demonstrates comprehensive understanding of counseling theory and techniques and uses knowledge to offer differentiated support appropriate to each situation. Critical attributes: Demonstrates extensive knowledge of concepts. Familiar with a wide range of methods and how to use them flexibly. Links the concepts to other areas of counseling or other disciplines. Extensive knowledge of the most

1b. Demonstrating knowledge of child and adolescent Development **Indicators:** **1.Counselor displays little or no knowledge of child and adolescent development.** **2. Cannot identify cognitive and/or social-emotional developmental attributes.** **3. Does not value or use specific cultural or societal factors to guide counseling decisions.** **4. Unaware of student background or experience.**	Counselor displays no knowledge of child and adolescent development. Critical attributes: Has no understanding of cognitive and/or social-emotional developmental theory. Has no knowledge of specific cultural or societal factors to guide counseling decisions. No awareness of student background and experiences but does not apply information to practice.	Counselor displays partial knowledge of child and adolescent development. Critical attributes: Has basic understanding of cognitive and/or social-emotional developmental theory. Has limited knowledge of specific cultural or societal factors to guide counseling decisions. Aware of student background and experiences but does not apply information to practice.	Counselor displays accurate understanding of the typical developmental characteristics of the age group, as well as recognition of exceptions to the general patterns. Critical attributes: Well informed about cognitive and/or social-emotional developmental theory. Can identify specific cultural or societal factors to guide counseling decisions. Actively seeks knowledge of students background, including skills, culture, language, interests, and special needs.	Counselor uses accurate knowledge of the typical developmental characteristics of the age group and exceptions to the general patterns to determine which individual students follow the general patterns. Counselor thoroughly considers, recognizes, and acquires knowledge from several sources to work with students with individual differences. Critical attributes: Well informed about cognitive and/or social-emotional developmental theory applicable to the individual student population served. Applies understanding of specific cultural or societal factors to individualized practice. Applies awareness of typical cognitive and developmental functioning to individual cases of practice. Actively seeks and applies knowledge of student's background, including skills, culture, language, interests, and special needs, from a variety of sources.

1c. Establishing goals for the counseling program appropriate to the setting and the students served **Indicators:** **1. Clear goals for setting and age.** **2. High rigor and expectations.** **3. Goals based on student data.** **4. Tailored for individual and group needs.** **5. Collaborative goal-setting with staff.** **6. Communication with outside stakeholders.** **7. Regular goal reviews and updates.**	Counselor has no clear expectations for the counseling program or appropriate expectations for either the situation or the age of the students. Critical attributes: Cannot identify expectations. Expectations do not represent response to the needs of the population. No communication or collaboration with others in the development of expectations.	Counselor's expectations for the counseling program are undeveloped and/or are partially suitable for the situation and the age of the students. Critical attributes: Expectations represent low expectations and rigor. Expectations reflect minimal consideration of the needs of the population. Collaboration with constituents is minimal.	Counselor's expectations for the counseling program are clear and appropriate for the school, the situation, and the age of the students. Critical attributes: Expectations represent appropriate expectations and rigor. Expectations reflect consistent consideration of the needs of the population. Collaboration with constituents in the school setting is consistent.	Counselor's expectations for the counseling program are highly appropriate for the situation, the school, and the age of the students. The expectations have been developed following collaboration with students, colleagues, and staff. Critical attributes: Expectations represent high expectations and rigor. Expectations are carefully tailored to meet the individual or group needs of the population. Expectations are developed through consistent communication and collaboration with multiple constituents, including those outside

1d. Planning the counseling program with appropriate resources. **Indicators:** **1. Coherent program structure** **2. Uses school and district resources** **3. Accesses community-based resources** **4. Collaborates with all stakeholders** **5. Aligns plan with district goals** **6. Matches resources to student needs** **7. Regularly updates best practices** **8. Evidence of individualized planning**	Counselor's plan lacks coherence and is developed without input from constituents or inclusion of individual, school, and district needs. Critical attributes: No knowledge of resources that are appropriate for student population. No collaboration with constituents. No coherent structure to counseling plan/process.	Counselor's plan contains guiding principles but is not consistent with individual, school, and district goals. Counselor seeks minimal input from constituents. Critical attributes: Basic awareness of resources that are appropriate for the needs of individuals, the school, and the district. Inconsistent collaboration with constituents. Limited structure to the counseling plan/process.	Counselor's plan provides services and seeks resources that are consistent with individual, school, and district goals and individual student needs. Counselor actively collaborates with colleagues and staff in regard to designing plans. Critical attributes: Applies knowledge and understanding of available resources and student needs in creation of a comprehensive counseling program. Ensures ongoing input from constituents in developing and updating the counseling program. Provides a clear, detailed structure for implementing the counseling plan/process.	Counselor's plan provides extensive knowledge of resources, including those available through the school or district and in the community. Counselor has a deep understanding of student needs and the best practices and resources as to meeting those needs. Counselor identifies all constituents, ensuring collaboration with them when designing the program of services. Critical attributes: Regularly seeks updated information about resources and best practices for providing a comprehensive counseling program. Demonstrates consistent application of this counseling knowledge to develop individualized counseling services. Collaboration with district and community constituents is evident in design of plan. Plan reflects deep understanding of available resources and best practices for addressing

1e. Developing measures to evaluate the counseling program **Indicators:** **1. Created formal evaluation plan** **2. Collects relevant student data** **3. Includes feedback from all stakeholders** **4. Aligns evaluation with program goals** **5. Uses diverse assessment methods** **6. Makes formative adjustments during the year** **7. Communicates results to the community** **8. Regularly updates plan based on data**	Counselor has not created a plan to evaluate the program. Critical attributes: No plan for evaluation of the counseling program exists.	Counselor has a rudimentary plan to evaluate the counseling program. The plan has limited provision for the inclusion of input from others or the collection of data designed to assess the degree to which goals have been met. Critical attributes: Evaluation plan has a limited provision for data collection. Plan contains limited provision for feedback from constituents. Plan doesn't reflect consideration of program goals.	Counselors plan to evaluate the program involves all constituents. The plan is organized around clear goals and the collection of evidence to indicate the degree to which the goals have been met. Critical attributes: Plan provides for collection of relevant data. Plan provides for input from constituents. Plan is consistently updated based upon feedback from constituents. Plan is consistent with program goals.	Counselors plan to evaluate the program is highly sophisticated, with a wide variety of sources of evidence and a clear path toward improving the program on an ongoing basis. The plan provides for active involvement of constituents and careful collection of data on program goals. Critical attributes: Plan includes processes for reviewing progress of the counseling program so that formative adjustments can be made several times throughout the evaluation process. Counselor communicates with all constituents and seeks out support and resources for his/her practice and performance in order to best serve students and the needs of the community. Counselor uses a variety of methods in program evaluation. Organization of plan provides for changes to assessment methods and details as dictated by feedback from constituents and/or data collected. Counselor consistently evaluates his/her

1f Designing and Using Student Support Assessments **Indicators:** **1.Uses appropriate tools to assess students' social-emotional, behavioral, or mental health needs.** **2. Assessment methods align with the purpose of counseling or student support services.** **3. Data from assessments informs intervention planning and student supports.** **4. Progress is monitored to evaluate the effectiveness of interventions.** **5. Assessment practices are responsive to individual student needs.**	The counselor does not use assessment tools or data to identify student needs. Assessment practices are missing or inappropriate for the school population. Critical Attributes: Assessment tools are not used, or those used are inappropriate for student needs. There is no evidence that assessment data informs counseling interventions or program goals. Student progress is not monitored; the counselor does not track the impact of services.	The counselor uses some assessment tools, but they are not consistently aligned with student needs or the school counseling program. Data is used sporadically to drive interventions. Critical Attributes: Some assessment tools are used (e.g., basic surveys), but they may not consistently align with specific student needs or academic/social-emotional goals. Assessment data occasionally informs interventions, but the link between data and service delivery is inconsistent. Monitoring of student progress is conducted but is often reactive rather than planned.	The counselor consistently uses appropriate assessment tools to identify student needs and gaps. Data is used to plan and implement targeted counseling interventions and supports. Critical Attributes: Appropriate and varied assessment tools (e.g., needs assessments, MTSS data) are used to identify student gaps in academic, career, or social-emotional areas. Data from assessments directly informs the selection of counseling interventions and small group topics. Student progress is regularly monitored and documented to guide and adjust services.	The counselor's assessment practices are proactive, comprehensive, and deeply integrated into the school counseling program. Data is used systematically to refine interventions and demonstrate measurable student outcomes. Critical Attributes: Assessment practices are thoughtful, comprehensive, and highly responsive to individual student barriers and school-wide trends. Data (including outcome data like attendance, achievement, or discipline) is consistently used to refine, adjust, and "tier" interventions. Sophisticated progress monitoring leads to documented, improved student outcomes and highly targeted, systemic supports.

Domain 2: Environment

Criteria	Ineffective	Partially Effective	Effective	Highly Effective
2a. Creating an environment of respect and rapport **Indicators:** **1. Counselor interaction with students.** **2. Student interaction with students.**	Counselor does not create a safe and inviting environment. Interactions between Counselor and students are negative, inappropriate, or insensitive to students' cultural backgrounds. Critical attributes: Speaks disrespectfully to students. Displays a lack of familiarity with or caring about individual students. Unaware of cultural and developmental characteristics.	Counselor creates an environment that is safe and accessible, with interactions between Counselor and students being generally appropriate and free from conflict. Interactions may be characterized by occasional displays of insensitivity or lack of response to cultural or developmental differences. Critical attributes: Occasionally disrespectful. Attempts to make connections, but reactions indicate that the efforts are not successful or are unusual. Limited awareness of cultural and developmental characteristics.	Counselor creates an environment that is safe, accessible, and inviting, designed to appeal to the population served. Interactions between students and Counselor are respectful. Interactions reflect general warmth and caring, and are appropriate to the cultural and developmental characteristics of the population served. The net result of the interactions is polite, respectful, and businesslike, though students may be somewhat cautious about taking emotional risks. Critical attributes: Interactions are uniformly respectful. General connections with students are positive. Aware of cultural and developmental characteristics.	Counselor creates an environment that is always inviting and appealing, reflecting sensitivity to the cultural and developmental characteristics of the population. Interactions reflect general warmth and caring, and are appropriate to the cultural and developmental characteristics of the population served. Individual students seek out the Counselor, reflecting a high degree of comfort and trust in the relationship. The net result is an environment where all students feel valued and are comfortable taking emotional risks. Critical attributes: Consistently demonstrates knowledge and caring about individual students. Treats individual students with dignity in all situations. Demonstrates and applies appropriate cultural and developmental awareness

2b. Establishing a culture for productive communication **Indicators:** **1. Promotes respectful dialogue** **2. Expects student engagement** **3. Attends student meetings** **4. Communicates with stakeholders** **5. Initiates student planning** **6. Active listening** **7. Encourages student commitment**	Counselor makes no attempt to establish a culture for productive communication in the counseling setting between student and Counselor. Critical attributes: Does not participate in or attend meetings or discussions. Unwilling to communicate with different stakeholders.	Counselor attempts to promote a culture in the counseling setting for productive and respectful communication between student and Counselor. Critical attributes: Attends some meetings and discussions regarding students. Inconsistently communicates with different stakeholders.	Counselor promotes a culture in the counseling setting for productive and respectful communication between student and Counselor. Critical attributes: Attends all meetings regarding students. Communicates regularly with different stakeholders.	Counselor promotes a culture in the counseling setting for productive and respectful communication, with the expectation of more in-depth responses and commitment to the counseling process from the student. Critical attributes: Initiates and or is involved in setting up and planning meetings regarding individual students. Consistently initiates communication

2c. Managing routines and procedures in the counseling setting **Indicators:** **1. Maintains consistent office routines** **2. Prioritizes time-sensitive tasks** **3. Implements clear emergency plans** **4. Ensures seamless session transitions** **5. Involves students in procedures**	Counselor's routines for the counseling center or classroom work are nonexistent or in disarray. Counselor is unable to prioritize time -sensitive tasks. Counselor does not have an organized plan to address emergencies. Critical attributes: No established procedures or routines. Procedures for other activities are confused or chaotic for the counseling sessions. Counselor is unaware of roles and responsibilities in response to an emergency.	Counselor has rudimentary and partially successful routines for the counseling center or classroom. Counselor is inconsistent in prioritizing tasks. Counselor has a rudimentary plan for handling emergencies. Critical attributes: Procedures have been established, but operation is inconsistent. Routines are developing or inconsistently organized for student involvement in the counseling sessions. Counselor has limited awareness of roles and responsibilities in response to an emergency.	Counselor's routines for the counseling center or classroom work effectively. Counselor consistently prioritizes tasks and has a defined plan to handle emergencies. Critical attributes: Office routines are followed consistently. Routine is even and supportive of student involvement in the counseling sessions. Counselor is aware of roles and responsibilities in response to an emergency.	Counselor's routines for the counseling center or classroom are seamless, and students assist in maintaining them. Counselor prioritizes all tasks. Counselor develops and communicates an emergency response plan in collaboration with all constituents. Critical attributes: Office routines are seamless and adapted as needed. Counselor initiates suggestions from students regarding improving student involvement in the counseling sessions. Counselor consistently collaborates and initiates communication with all constituents regarding different stakeholder roles and responsibilities

2d. Establishing expectations/norms for student behavior in the counseling setting **Indicators:** **1. Establishes clear conduct standards** **2. Responds consistently to misbehavior** **3. Models appropriate behavioral expectations** **4. Collaborates on school-wide culture** **5. Facilitates student self-monitoring**	Counselor has established no standards of conduct for students during counseling sessions and makes no effort to maintain an environment of civility in the school. Critical attributes: Standards for student conduct have not been established or have not been consistently addressed. Disregards violation of rules of the counseling session. Does not collaborate with colleagues to support school-wide civility as a model for students.	Counselor's efforts to establish standards of conduct for counseling sessions are partially successful. Counselor attempts, with limited success, to contribute to the level of civility in the school as a whole. Critical attributes: Standards have been established and Counselor attempts to maintain order, with uneven success. Response to student misbehavior is inconsistent during the counseling session Works with colleagues to support school-wide civility as a model for students.	Counselor has established clear standards of conduct for counseling sessions and makes a contribution to the environment of civility in the school. Counselor communicates, models, and encourages high expectations for student behavior. Critical attributes: Standards of conduct have been established and Counselor maintains order with overall success. Student behavior is consistently appropriate during the counseling session. Counselor models appropriate behavior expectations and collaborates with colleagues to embed a culture of civility throughout school.	Counselor has established clear standards of conduct for counseling sessions, and students contribute to maintaining them. Counselor makes a significant contribution to the environment of civility in the school. Counselor collaborates with all constituents and is responsive to intervention needs related to student behaviors as they arise. Critical attributes: Students monitor their own behavior, or student behavior is entirely appropriate. Students address misbehavior of their peers in compliance with standards of conduct. Counselor always models and provides interventions for appropriate behavior expectations and provides leadership in supporting a culture

2e: Organizing Physical Space for Counseling and Student Supports **Indicators:** **1. Counseling spaces are private, safe, and comfortable for students.** **2. Materials, resources, and documentation are organized and accessible.** **3. Spaces are prepared for individual or group counseling sessions.** **4. Parent and family meeting spaces are welcoming and confidential.** **5. Space use reflects intentional planning to support student well-being and learning.**	The counseling space is disorganized, unsafe, or lacks the necessary privacy for confidential student interactions. Physical arrangements interfere with counseling activities or student comfort. Critical Attributes: Counseling sessions or parent meetings are frequently disrupted by the environment or lack of privacy. Academic, career, and SEL materials are cluttered, unavailable, or difficult for students to access. The space feels clinical or unwelcoming, failing to provide a "safe-space" atmosphere for vulnerable students.	The counseling space is somewhat organized, but inconsistent attention to privacy or comfort limits its effectiveness. The environment only partially supports the diverse needs of students and families. Critical Attributes: The space is generally safe, but visual or auditory privacy is not consistently maintained during sensitive conversations. Resources and tools for student support are available but are not organized in a way that promotes independent student use. The environment is functional for individual sessions but may not be effectively configured for small group counseling or family meetings.	The counseling space is organized, private, and intentionally arranged to support student success. The environment is welcoming and allows for a variety of counseling activities to occur seamlessly. Critical Attributes: Physical boundaries and seating arrangements are used effectively to ensure confidentiality and emotional safety. Materials, resources, and college/career information are well-maintained, organized, and easily accessible to students and families. The counselor prepares the environment in advance to suit the specific needs of the session (e.g., individual, group, or parent consultation).	The counseling space is a highly optimized, professional environment that enhances student engagement and service delivery. The counselor uses the physical space as a strategic tool to promote well-being and self-regulation. Critical Attributes: The space is thoughtfully designed to maximize student comfort and ensure absolute confidentiality, even in high-traffic areas. Resources are strategically placed to enhance learning; students know where to find and how to use materials independently to support their own growth. The environment is universally welcoming and culturally responsive, providing a smooth and professional experience for all student and family interactions.

Domain 3: Delivery of Services

Criteria	Ineffective	Partially Effective	Effective	Highly Effective
3a. Communicating with students to determine their needs **Indicators:** **1. Uses comprehensive needs assessment systems** **2. Interprets data to identify individual needs** **3. Provides individual, group, and classroom sessions** **4. Collaborates with staff, parents, and agencies** **5. Conducts ongoing assessments of student behavior** **6. Ensures all students have program access**	Ineffective: Counselor does not assess student behavior or academic needs, or the assessments result in inaccurate conclusions. Counselor does not communicate or collaborate with colleagues to assess student needs. Critical attributes: Counselor has no system for assessing student needs. Counselor inaccurately interprets student data. Counselor does not communicate or collaborate with colleagues regarding student needs.	Counselor's assessments of student behavior or academic needs are basic. Counselor sporadically communicates and collaborates with colleagues regarding student needs. Critical attributes: Counselor utilizes a rudimentary assessment system. Counselor displays limited ability to interpret student data. Counselor sporadically communicates and collaborates with colleagues regarding student needs.	Counselor assesses student behavior or academic needs and knows the range of student needs in the school. Counselor provides opportunities for all students to be involved in the counseling program through individual, group, and/or classroom counseling. Counselor uses communication with colleagues as part of the assessment of student needs. Critical attributes: Counselor has comprehensive system for assessing needs. Counselor is proficient in interpreting assessment data and using data to identify needs. Counselor maintains collaborative communication with colleagues throughout the assessment process to determine student needs.	Counselor conducts detailed and individualized behavior and/or academic assessments of student needs to develop program plan. Counselor provides all students with opportunities to be involved in the counseling program through individual, group, and/or classroom counseling. Counselor uses communication with colleagues, parents, and outside community agencies as part of the assessment of student needs. Critical attributes: Counselor has comprehensive system for assessing needs. Counselor consistently interprets data to determine detailed individualized behavior and/or academic needs. Counselor maintains collaborative communication with all constituents, including colleagues, parents, and community agencies throughout the assessment process. Assessment is ongoing

3b. Assisting students in the formulation of academic, personal/social, and career plans based on knowledge of student needs **Indicators:** **1. Helps students create multi-domain plans** **2. Uses student data for goal setting** **3. Employs diverse counseling techniques** **4. Involves students in problem solving** **5. Adjusts strategies to meet individual needs**	Counselor does not attempt to help students formulate academic, personal/social, and career plans. Critical attributes: Counselor does not seek out or develop appropriate guidance curriculum for needs of the school population. Counselor does not utilize appropriate techniques when assisting students. Counselor does not attempt to assist students in goal setting and problem solving.	Counselor attempts to help students formulate academic, personal/social, and career plans. Critical attributes: Counselor develops basic guidance curriculum for the needs of the school population. Counselor utilizes few techniques when assisting students. Counselor is inconsistent in assisting students in goal setting or problem solving.	Counselor helps students formulate academic, personal/social, and career plans while using some data regarding student needs. Critical attributes: Counselor develops a comprehensive guidance curriculum for the needs of the school population. Counselor utilizes a variety of techniques when assisting students. Counselor consistently assists students in goal setting and problem solving.	Counselor helps individual students and formulates academic, personal/social, and career plans while using data regarding student needs. Counselor encourages students to actively take part in the creation of their academic, personal/social, and career plans. Critical attributes: Counselor develops a guidance curriculum that is individualized and personalized for the needs of the school population. Counselor utilizes a variety of techniques and is able to make adjustments in all situations to meet student needs. Students are actively involved in goal setting and problem solving, and Counselor is able to facilitate the needs of individual students.

3c. Delivering counseling services and resources to support students	Counselor does not make connections with other programs in order to meet student needs. Counselor does not provide appropriate services and is unaware of resources or does not make appropriate referrals. Critical attributes: Counselor lacks knowledge of community or school resources. Counselor does not provide appropriate services to assist in meeting student needs. Counselor does not advocate for individual students.	Counselor's efforts to collaborate services with other programs in the school are partially successful. Counselor has a basic understanding of services to be delivered but makes use of minimal resources and makes appropriate referrals inconsistently. Critical attributes: Counselor is aware of and utilizes a limited set of community and school resources. Counselor makes a limited number of referrals. Counselor is inconsistent in advocating for individual students.	Counselor collaborates with other colleagues and programs within the school or district to meet student needs. Counselor provides appropriate services using resources available and consistently makes appropriate referrals. Critical attributes: Counselor is well versed in all school, district, and community resources for Students. Counselor collaborates with constituents in the school setting to maximize services and resources for students. Counselor makes appropriate referrals in addressing student needs. Counselor advocates for each student as necessary.	Counselor collaborates with other colleagues, programs, and agencies both within and beyond the school or district to meet individual student needs. Counselor fully utilizes resources available to provide appropriate services and consistently makes the most appropriate referrals in collaboration with school service personnel, based upon individual student needs. Critical attributes: Counselor uses a wide variety of resources available to provide the most appropriate services. Counselor partners with community agencies and sources outside of the school setting in the development of services designed to meet student needs. Counselor seeks out and makes appropriate referrals based upon student needs. Counselor is proactive and highly engaged in student advocacy.

3d. Using assessment to guide counseling services **1. Collaborates with colleagues and agencies** **2. Uses diverse school and community resources** **3. Makes precise referrals based on need** **4. Proactively advocates for every student** **5. Partners with outside organizations for services** **6. Maximizes resources through school partnerships**	Counselor does not evaluate student progress or consult with team members to meet students' needs. Critical attributes: Counselor does not monitor student progress or communicate with student. No data collection to determine student progress. No communication or collaboration with school personnel involved in the plan to monitor progress across settings.	Counselor inconsistently evaluates student progress or consults with team members to meet students' needs. Critical attributes: Counselor inconsistently monitors and communicates student progress. Limited data collection to determine student progress. Limited communication and collaboration with school personnel involved in the plan to monitor progress across settings.	Counselor consistently evaluates student progress and consults with team members to meet students' needs. Critical attributes: Counselor consistently monitors student progress and communicates with student. Data collection is used to guide and determine student progress. Communicating and collaborating with school personnel involved in the plan to monitor progress across settings.	Counselor consistently evaluates student progress using multiple measures and consults with team members. Students demonstrate some self-assessment techniques and self-advocacy. Critical attributes: Students are able to self-monitor their individual progress. Ongoing data collection from multiple sources to determine student progress. Communicating and collaborating with all constituents involved in the plan to monitor progress across settings

3e. Demonstrating flexibility and responsiveness **Indicators:** **1. Adjusts daily routines for student needs** **2. Proactively modifies priorities for building goals** **3. Monitors and acts on changing student data** **4. Integrates new technology and educational trends** **5. Seeks thorough understanding of individual needs** **6. Incorporates best practices and research**	Counselor does not adjust and prioritize routines to meet student needs. Critical attributes: Counselor does not adjust to address student needs. Counselor does not prioritize tasks with student or school goals in mind. Counselor's plan is not informed by assessment. Counselor is unaware of advances to technology and new practices in the field.	Counselor makes minor revisions and adjustments in his/her daily schedule as needed. Counselor attempts to modify priorities to meet student and building needs through use of technology and best practice. Critical attributes: Counselor inconsistently recognizes change in student needs and make adjustments accordingly. Counselor attempts to modify priorities to address student needs. Counselor has limited awareness of advances in technology and new practices and is inconsistent in his/her application.	Counselor is aware of student needs and makes revisions and adjustments in his/her daily schedule as needed. Counselor routinely modifies priorities to meet student and building needs through use of technology and best practice. Critical attributes: Counselor recognizes change in student needs and makes adjustments accordingly. Counselor will routinely modify priorities to meet the needs of students. Counselor is aware of advances in technology and applies new practices in the field.	Counselor proposes changes and quickly incorporates new developments that will best serve the needs of students. Counselor is continually aware of student needs and proactively adjusts daily routines to serve student needs. Critical attributes: Counselor consistently monitors and uses ongoing changes in student needs to make adjustments accordingly. Counselor seeks a thorough understanding of student needs and modifies program accordingly. Counselor actively seeks information about advances in technology, and new educational trends, and applies this knowledge to daily best Practices.

Domain 4: Professional Responsibilities

Criteria	Ineffective	Partially Effective	Effective	Highly Effective
4a. Reflecting on counseling practice **Indicators:** **1. Accuracy.** **2. Use in of future teaching.**	Counselor does not reflect on, adjust, or evaluate practice. Critical attributes: Counselor does not participate in the process of evaluation.	Counselor's reflection on, adjustment to, and evaluation of practice are moderately accurate and objective. Counselor makes general suggestions as to how the counseling program might be improved based on some data sources. Critical attributes: Counselor participates in the process of evaluation. Counselor's reflections on and evaluations of practice are moderately accurate. Counselor makes general suggestions for how to improve the program. Counselor utilizes minimal data in order to improve the program.	Counselor's reflection, adjustment, and evaluation provide an accurate and objective description of the practice and process of evaluation. Counselor makes some specific suggestions as to how the counseling program might be improved based on multiple data sources. Critical attributes: Counselor actively participates in the process of evaluation. Counselor's reflections on and evaluations of practice are accurate. Counselor makes specific suggestions for how to improve the program. Counselor utilizes a variety of data in order to improve the program.	Counselor's reflection, adjustment, and evaluation provide a highly accurate and perceptive description of the practice and process of evaluation. Counselor makes detailed suggestions as to how the counseling program might be improved based on multiple data sources. Critical attributes: Counselor initiates and leads participation in the process of evaluation. Counselor independently reflects on and revises his/her current practice. Counselor's reflections on and evaluations of practice are highly accurate. Counselor makes detailed suggestions for how to improve the program and initiates these suggestions when appropriate. Counselor utilizes several data sources

4b Maintaining Accurate Records	Counselor's reports, records, and documentation are missing, late, or inaccurate, resulting in confusion. Critical attributes: Counselor does not maintain records. Records are inaccurate. Counselor does not meet deadlines.	Counselor's reports, records, and documentation are generally accurate but are occasionally late. Critical attributes: Counselor maintains records, but organization is lacking. Counselor's record keeping is occasionally inconsistent and/or inaccurate. Counselor is inconsistent in meeting deadlines.	Counselor's reports, records, and documentation are accurate and are submitted in a timely manner. Critical attributes: Counselor maintains organized records. Counselor's reports are accurate. Counselor consistently meets deadlines.	Counselor's approach to record keeping is highly systematic and efficient and could serve as a model for other colleagues. Critical attributes: Counselor maintains records that are well organized. Counselor's reports are accurate on a consistent basis. Counselor consistently meets deadlines and is able to complete reports efficiently. Counselor serves as a model for record keeping and completion of reports.

4c Communicating with Families	Counselor provides no information to families, either about the counseling program and affiliated student service programs or about individual students. Critical attributes: Counselor does not contact parents. Counselor does not respond to parent requests for contact or information.	Counselor provides limited information to families about the counseling program, affiliated student service programs, and individual students. Critical attributes: Counselor's communication with parents is minimal. Counselor will respond to parent requests for information.	Counselor provides thorough and accurate information to families about the counseling program, affiliated student service programs, and individual students. Critical attributes: Counselor communicates with parents regularly. Counselor initiates contact with families, providing thorough information. Counselor makes contact in a timely fashion.	Counselor consistently and regularly provides thorough and accurate information to families about the counseling program and affiliated student service programs. Counselor communicates with families in a variety of ways and includes other colleagues when necessary. Critical attributes: Counselor communicates with families in a variety of ways. Counselor seeks out avenues and means to further improve communication with families. Counselor ensures that a variety of means access are available to families.

4d Participating in the Professional Community	Counselor's relationships with colleagues are negative or self-serving, and Counselor avoids being involved in school and district events and projects. Counselor does not support and has no involvement in implementation of the district mission. Critical attributes: Counselor does not interact positively with other staff. Counselor is unaware of the district and school missions.	Counselor participates in school and district meetings and events when specifically requested to do so. Counselor's relationships with colleagues are cordial, and Counselor supports the district mission and is somewhat involved in its implementation. Critical attributes: Counselor has minimal communication with other staff. Counselor is aware of the school or district mission but is minimally involved in its implementation	Counselor actively participates in school and district meetings and events and maintains positive and productive relationships with colleagues. Counselor is supportive of the district mission and actively engaged in its implementation. Critical attributes: Counselor is interactive with staff on a regular basis and maintains positive relationships. Counselor actively engages in meetings and events toward the improvement of the school and district.	Counselor assumes a leadership role and makes a substantial contribution to school and district meetings and events and creates positive and productive relationships with colleagues. Counselor is highly supportive of the district mission and actively involved in its implementation. Critical attributes: Counselor is interactive with staff on a regular basis and builds positive relationships. Counselor is a highly active participant in meetings and events to address the improvement of the school and district. Counselor seeks out opportunities to address needs that exist in the building and communicate concerns to others to receive feedback. Counselor serves in a leadership role in the development of the school and district missions

4e Growing and Developing Professionally	Counselor does not participate in professional development, even when the need is evident. Critical attributes: Counselor does not participate in continuing education. Counselor is not involved in any professional associations.	Counselor's participation in professional development activities is limited to those that are convenient or are required. Critical attributes: Counselor participates in little continuing education. Counselor is a member of a professional organization. Counselor does not seek out additional professional development opportunities.	Counselor seeks additional opportunities for professional development to enhance best practice and content knowledge and pedagogy. Critical attributes: Counselor participates in continuing education. Counselor has active memberships in professional organizations. Counselor actively seeks out additional professional development.	Counselor actively takes on a leadership role in seeking out and providing professional development opportunities for increasing district counseling services. Counselor makes a substantial contribution to the profession and presents information learned to colleagues in order to improve current practices/counseling program. Critical attributes: Counselor frequently participates in continuing education related to the needs of the population served. Counselor has active memberships in professional organizations and participates as a speaker/presenter at the district, state, or national level. Counselor actively seeks out contemporary and relevant professional development related to the population served. Counselor serves as a role model/mentor for colleagues.

4f Showing Professionalism	Counselor does not display honesty, integrity, and confidentiality in interactions with colleagues, students, and the public. Counselor does not adhere to district, state, and federal regulations. Critical attributes: Counselor does not maintain confidentiality with students, staff, or parents. Counselor is dishonest with staff, students, or parents. Counselor violates district, state, and federal regulations.	Counselor displays honesty, integrity, and confidentiality in interactions with colleagues, students, and the public. Counselor is inconsistent in adherence to district, state, and federal regulations. Critical attributes: Counselor maintains confidentiality in most situations. Counselor is honest and ethical. Counselor is inconsistent in compliance with district, state, and federal regulations.	Counselor displays high standards of honesty, integrity, and confidentiality in interactions with colleagues, students, and the public. Counselor advocates for students when needed. Counselor's practice reflects high professional and ethical standards as well as adherence to district, state, and federal regulations. Critical attributes: Counselor maintains confidentiality and honesty with all constituents. Counselor advocates for students as needed. Counselor maintains integrity in all situations. Counselor demonstrates respect for constituents. Counselor follows district, state, and federal regulations.	Counselor consistently maintains the highest standards of honesty, integrity, and confidentiality as well as adherence to district, state, and federal regulations. Counselor advocates for all students. Counselor models professionalism with colleagues. Critical attributes: Counselor consistently maintains the highest standards of confidentiality and honesty with all constituents. Counselor advocates for all students. Counselor consistently maintains integrity in all situations. Counselor serves as a mentor and role model of professional and ethical standards. Counselor models professionalism among colleagues. Counselor strictly adheres to district, state, and federal regulations.

Social Worker Evaluation Instrument

Domain 1: Planning and Preparation				
Criteria	**Ineffective**	**Partially Effective**	**Effective**	**Highly Effective**
1a: Demonstrating knowledge with skill in conducting a Social Assessment. **Indicators:** **1. Communication skills Interviewing skills.** **2. Gathering background information.** **3. Establishing a positive report with the students guardian.**	Social Worker demonstrates little or no knowledge and skill in conducting social assessments to evaluate and obtain the necessary components for a social assessment. Critical Attributes: Assessment reports are incomplete, missing foundational developmental or historical data. Communication with parents/guardians is defensive, absent, or lacks basic empathy.	Social Worker inconsistently obtains information for the social assessment to evaluate students. Critical Attributes: Collects standard educational histories but frequently misses deeper cultural, economic, or family dynamics. Contact with guardians is transactional, focusing only on compliance signatures rather than relationship-building. Evaluations are occasionally delayed or rely on outdated records.	Social Worker consistently obtains information for the social assessment to evaluate students. Critical Attributes: Evaluations reliably integrate developmental milestones, family structures, and educational backgrounds. Maintains positive, respectful, and open communication lines with guardians throughout the evaluation process. Consistently utilizes active listening and clinical interviewing techniques to gather nuanced information.	Social Worker obtains a solid amount of information to evaluate students including: Developmental and family history, which if appropriate includes economic and cultural differences. The evaluation contains the configuration of factors within the home, community, and school as related to a student's current social, emotional, and academic adjustment. Critical Attributes: Synthesizes complex ecological factors (home, school, and community) into a holistic narrative that directly guides intervention. Proactively adapts interviewing styles to honor diverse cultural, linguistic, and socio-economic backgrounds. Establishes deep trust with families, positioning them as valued co-designers of the student's support plan.

1b: Demonstrating knowledge of child and adolescent development and psychopathology **Indicators:** **1. Child development.** **2. Learning process.** **3. Special needs.** **4. Students skills, knowledge, and proficient.** **5. Interests and cultural heritage.**	Social Worker demonstrates little or no knowledge of child/adolescent development and psychopathology. Critical Attributes: Interventions or recommendations do not align with the student's developmental age or cognitive abilities. Fails to recognize clinical signs of common mental health disorders (e.g., anxiety, trauma, depression). Ignores student cultural backgrounds or individual strengths when discussing student needs.	Social Worker demonstrates minimal knowledge of child and adolescent development and psychopathology. Critical Attributes: Relies on a "one-size-fits-all" view of developmental stages. Identifies symptoms of psychopathology but struggles to connect them to classroom behaviors or academic performance. Acknowledges cultural differences but does not integrate them into treatment or support plans.	Social Worker demonstrates thorough knowledge of child and adolescent development and psychopathology. Critical Attributes: Selects interventions that match the cognitive, social, and emotional stages of individual students. Accurately identifies and addresses manifestations of trauma, neurodivergence, and psychopathology in the school setting. Builds support strategies that actively leverage student strengths, interests, and cultural identity.	Social Worker demonstrates extensive knowledge of child and adolescent development and psychopathology and knows variations of the typical patterns. Critical Attributes: Anticipates atypical developmental trajectories and guides teaching staff on how to support these variations. Possesses deep, highly nuanced expertise in complex trauma, developmental delays, and co-occurring disorders. Serves as a school-wide consultant, training others on culturally responsive developmental practices.

1c: Setting Student Support Outcomes **Indicators:** **1. Goals for counseling or student supports are clear and appropriate to student needs.** **2. Outcomes focus on social-emotional, behavioral, or mental health development.** **3 Goals are measurable and guide counseling or intervention planning.** **4. Outcomes are developmentally appropriate and aligned with school priorities.** **5. Goals support student growth in coping skills, behavior, or emotional regulation.**	Goals for counseling or interventions are unclear or not identified. Outcomes are not aligned with student needs. Little evidence that goals guide counseling or support services. Critical Attributes: Support plans lack concrete goals, or goals are written too vaguely to be assessed (e.g., "student will feel better"). Outcomes do not target the actual referral concern or student need. Sessions occur without a clear therapeutic or behavioral trajectory.	Some goals for student support are identified but may be vague or difficult to measure. Outcomes partially align with student needs. Goals provide limited guidance for counseling or interventions. Critical Attributes: Goals are established but lack objective metrics or timelines for evaluation. Interventions address surface-level behaviors rather than core social-emotional or mental health needs. Outcomes are loosely linked to school-wide priorities or individual student growth.	Clear and appropriate goals are established for counseling or student supports. Outcomes align with students' social-emotional or behavioral needs. Goals guide counseling sessions or interventions. Critical Attributes: Constructs SMART (Specific, Measurable, Attainable, Relevant, Time-bound) goals for individual and group sessions. Explicitly targets core coping skills, emotional regulation, and academic-social behaviors. Uses progress-monitoring goals to explicitly structure each intervention session.	Goals are clear, measurable, and highly responsive to student needs. Outcomes promote meaningful student growth in social-emotional or behavioral skills. Goals are regularly reflected upon and inform adjustments to counseling supports. Critical Attributes: Co-creates highly personalized goals alongside the student and family, ensuring buy-in and relevance. Routinely uses real-time progress data to pivot and adjust goals as the student grows. Outcomes foster student self-advocacy and long-term, independent coping capabilities.

1d: Demonstrating knowledge of state and federal regulations and of resources both within and beyond the school and district **Indicators:** **1. Knowledge of Federal and State Law.** **beyond the school and district**	Social Worker demonstrates little or no knowledge of governmental regulations or of resources for students available through the school or district. Critical Attributes: Violates legal timelines, confidentiality protocols, or student rights (e.g., IEP compliance, FERPA/HIPAA). Fails to recommend accessible school-based supports to struggling families. Is unaware of critical mandates protecting vulnerable student populations (e.g., foster youth, homeless students).	Social Worker displays awareness of governmental regulations and of resources for students available through the school or district, but no knowledge of resources available more broadly. Critical Attributes: Adheres to basic legal compliance but requires frequent guidance or reminders from administrators. Connects families to basic internal district programs, but is unable to suggest external, community-based solutions. Relies on a limited network of known resources, failing to research modern alternatives.	Social Worker displays clear awareness of governmental regulations and of resources for students available through the school or district and some familiarity with resources external to the district. Critical Attributes: Demonstrates consistent, independent compliance with special education, crisis intervention, and student record laws. Maintains an updated directory of local mental health clinics, food pantries, and housing supports. Effectively bridges the gap between school supports and immediate local community aid.	Social Worker's knowledge of governmental regulations and of resources for students is extensive, including those available through the school or district and in the community. Critical Attributes: Acts as a compliance expert for the building, interpreting complex regulatory changes for staff. Maintains strong, direct working relationships with external county agencies, private therapists, and crisis centers to ensure warm handoffs for families. Advocates systemically to bring new resources directly into the school district.

1e: Plans and coordinates coherent interventions and support strategies aligned with student social-emotional, behavioral, and mental health needs, ensuring consistency across staff and programs. **Indicators:** **1.Services and interventions are planned and organized to address student needs.** **2. Supports are aligned with student social-emotional, behavioral, or mental health needs.** **3. Activities or services are coordinated with school programs or staff when appropriate.** **4. The counselor/social worker uses methods to monitor or evaluate the effectiveness of services.** **5. Plans reflect a structured and purposeful approach to supporting students.**	Services or interventions are poorly planned or lack organization. Limited alignment between services and student needs. No clear methods for monitoring effectiveness. Critical Attributes: Interventions are chosen at random without checking therapeutic relevance. Other school staff are left in the dark about student support structures, creating conflicting environments. No data or observation is collected to see if the intervention is helping the student.	Some planning of services is evident but may lack coherence. Interventions partially address student needs. Limited or inconsistent monitoring of program effectiveness. Critical Attributes: Interventions are loosely structured and may drift from session to session. Collaborates with teachers only after a major behavioral incident occurs. Evaluates progress on an anecdotal, subjective basis rather than through systematic monitoring.	Services and interventions are well planned and aligned with student needs. Supports are coordinated with staff or programs when appropriate. Methods are used to monitor or evaluate effectiveness. Critical Attributes: Develops structured intervention plans that explicitly outline session sequences, therapeutic strategies, and target skills. Regularly coordinates with classroom teachers to ensure strategies are consistently reinforced across environments. Utilizes structured self-reports, behavior charts, or teacher rating scales to monitor plan effectiveness.	Services are thoughtfully planned and highly responsive to student needs. Strong coordination occurs across staff, programs, or supports. Data or feedback is used to continuously refine services and improve outcomes. Critical Attributes: Designs highly individualized multi-tiered intervention systems (MTSS) that seamlessly integrate school, home, and clinical supports. Empowers multidisciplinary teams (teachers, specialists, parents) to implement coordinated strategies uniformly. Employs rigorous, data-driven cycle reviews to modify intervention strategies in real time based on objective feedback.

1f Designing and Using Student Support Assessments **Indicators:** **1.Uses appropriate tools to assess students' social-emotional, behavioral, or mental health needs.** **2. Assessment methods align with the purpose of counseling or student support services.** **3. Data from assessments informs intervention planning and student supports.** **4. Progress is monitored to evaluate the effectiveness of interventions.** **5. Assessment practices are responsive to individual student needs.**	Assessment tools are not used or are inappropriate for student needs. Little or no evidence that assessment data informs interventions. Student progress is not monitored. Critical Attributes: Relies entirely on subjective impressions to gauge student progress without utilizing any formal/informal tools. Applies standard screening tools without considering a student's linguistic, cultural, or developmental barriers. Fails to track student baseline data before beginning counseling support.	Some assessment tools are used but may not consistently align with student needs. Assessment data occasionally informs interventions. Monitoring of student progress is inconsistent. Critical Attributes: Administers generic assessment screens, but fails to use the findings to tailor the counseling approach. Monitors progress sporadically (e.g., only before IEP meetings or annual reviews). Struggles to interpret assessment data in a way that is actionable for teachers or families.	Appropriate assessment tools are used to identify student needs. Data from assessments informs counseling interventions and supports. Student progress is regularly monitored to guide services. Critical Attributes: Selects validated rating scales, behavioral observations, and screening tools targeted to specific referral questions. Directly translates assessment profiles into actionable counseling targets and IEP goals. Maintains structured progress tracking sheets to visually assess student growth over time.	Assessment practices are thoughtful, comprehensive, and responsive to student needs. Data is consistently used to refine and adjust interventions. Progress monitoring leads to improved student outcomes and more targeted supports. Critical Attributes: Employs a diverse battery of dynamic assessment tools (e.g., functional behavioral assessments, ecological assessments, student self-evaluations) to capture multiple angles of a student's lived experience. Synthesizes progress-monitoring data visually to show students, families, and teams clear evidence of growth or the need for a shift in approach. Creates or adapts assessment frameworks to accommodate rare, complex, or severely marginalized student profiles.

Domain 2: Environment				
Criteria	**Ineffective**	**Partially Effective**	**Effective**	**Highly Effective**
2a: Establishing rapport with students within the school environment. **Indicators:** **1. Counselor interaction with students.** **2. Student interaction with students.**	Social Worker's interactions with students are negative or inappropriate; students appear uncomfortable. Critical Attributes: Social Worker is dismissive, impatient, or judgmental when speaking to students. Students exhibit signs of distress, withdrawal, or reluctance when directed to visit the Social Worker's office. Uses communication styles that are authoritative or developmentally mismatched.	Social Worker's interactions with students are neutral; relationship is strictly transactional and students show limited comfort. Critical Attributes: Conversations are mostly limited to compliance, attendance, or discipline monitoring. Students do not willingly share emotional struggles and remain guarded during sessions. The social worker attempts to build rapport but struggles to connect with diverse student demographics.	Social Worker's interactions with students are positive and respectful; students appear comfortable. Critical Attributes: Actively listens, exhibits strong empathy, and maintains an inviting, non-judgmental stance. Students readily participate in sessions, share personal challenges, and express feeling heard. Consistently uses encouraging, culturally affirming, and age-appropriate language.	Students seek out the Social Worker, reflecting a high degree of comfort, trust, and preventative skills. Critical Attributes: The office is viewed as a safe-haven; students drop in proactively to self-regulate or seek guidance before crises escalate. Demonstrates deep-level clinical attunement, allowing highly vulnerable, hard-to-reach, or hostile students to quickly feel safe and validated. Fosters peer-to-peer empathy and respect during group sessions, enabling students to support one another.

2b: Establishing a culture for positive mental health throughout the school. **Indicators** **1. Importance of content.** **2. Expectations for learning and achievement.** **3. Student pride in work.**	Social Worker makes poor attempt to establish a culture for positive mental health in the school as a whole, either among students or teachers, or between students and teachers. Critical Attributes: Mental health is treated as a secondary concern, or is only discussed after a severe crisis occurs. Contributes to or ignores a school climate that stigmatizes mental illness, counseling, or emotional vulnerability. Avoids consulting with teachers, leaving them unsupported in managing classroom emotional wellness.	Social Worker's attempts to promote a culture throughout the school for positive mental health in the school among students and teachers are partially successful. Critical Attributes: Offers seasonal or single-day mental health events (e.g., assemblies) but lacks ongoing, systemic wellness programming. Gives staff advice when asked, but does not proactively equip them with proactive mental health strategies. Promotes positive mental health ideas, but they are not consistently integrated into the school's day-to-day culture.	Social Worker promotes a culture throughout the school for positive mental health in the school among students and teachers. Critical Attributes: Regularly designs and leads school-wide wellness campaigns, classroom social-emotional learning (SEL) presentations, or staff workshops. Collaborates actively with teachers to embed trauma-informed and restorative practices into daily school routines. Celebrates students' social-emotional breakthroughs and growth as publicly and enthusiastically as academic successes.	The culture in the school for positive mental health among students and teachers, while guided by the social worker, is maintained by both teachers and students in a seamless manner. Critical Attributes: Empowers student leaders to spearhead peer-support programs and mental health advocacy clubs. Supports teachers in organically running restorative circles, sensory breaks, and emotional check-ins on their own. Helped establish a school-wide environment where discussing mental health is entirely destigmatized and built into the school's mission.

2c: Establishing and maintaining clear procedures for referrals. **Indicators:** **1. Demonstrating organizational skills and knowledge.** **2. Maintaining State compliance.**	Lack of procedures for referrals has been established; when teachers want to refer a student for special services, they are not sure how to go about it. Critical Attributes: No formal referral forms, workflows, or instructions exist, leading to missed student needs. Referral files are disorganized, causing severe delays that risk state compliance timelines. Teachers and staff frequently express frustration over not knowing how to request assistance for a student.	Social Worker has made attempts to establish procedures for referrals in collaboration with the members of the Child Study Team. Critical Attributes: A referral process exists but is overly complex, inconsistent, or rarely communicated to teachers. The social worker takes a passive role in the Child Study Team, responding to administrative directives rather than refining the system. Some referral files are complete, but there are frequent bottlenecks in processing them.	Procedures for referrals and for meetings and consultations with parents and administrators are clear to everyone. Critical Attributes: Maintains a streamlined, widely accessible referral pipeline with clear, user-friendly forms. Consistently coordinates with administrators, staff, and parents to keep them informed of referral statuses and next steps. Ensures all special education and evaluation referral paths strictly adhere to legal and state compliance timelines.	Procedures for all aspects of referral and assessments are solid and have been developed in consultation with teachers and administrators. Critical Attributes: Collaboratively engineered a transparent, digital, or highly efficient tracking system for referrals with input from teachers and leadership. Maintains a highly coordinated triaging method that prioritizes cases based on urgency and risk. Ensures flawless compliance and organizes audit-ready records that can serve as model exemplars for the district.

2d: Establishing Expectations/Norms for Student Behavior **Indicators:** **1.Clear, developmentally appropriate norms for conduct are co-created or established for the therapeutic/counseling setting.** **2.The Social Worker maintains a constant awareness of student emotional and behavioral regulation during sessions.** **3.Responses to misconduct are therapeutic, respectful, and address the underlying function of the behavior.** **4. The Social Worker actively models and leads initiatives that promote a safe, respectful, and civil school climate.**	The Social Worker has not established standards of conduct for students during sessions. There is little to no effort to maintain an environment of civility, and behavioral violations are either ignored or handled inappropriately. Critical Attributes: Therapeutic sessions are chaotic; boundaries are absent, and safety concerns are frequently ignored. Responds to dysregulation with anger, sarcasm, punitive measures, or total disengagement. Does not address behavior through a therapeutic lens, ignoring the root function of the student's actions.	The Social Worker's efforts to establish standards are inconsistent. While some rules exist, they are not always followed, and the Social Worker's response to misbehavior is often reactive or uneven. There is a limited attempt to contribute to the school's overall climate of civility. Critical Attributes: Sets basic rules but fails to reinforce them consistently, leading to student confusion. Struggles to de-escalate dysregulated behaviors in the moment, relying on standard punitive referrals. Addresses the behavior but rarely takes time to explore or teach the underlying function or coping skill.	The Social Worker has established clear, consistent standards of conduct. Students understand the expectations of the counseling environment. The Social Worker models appropriate behavior and collaborates with the school team to embed a culture of civility across the building. Critical Attributes: Co-creates positive, clear boundaries and behavioral expectations with students at the beginning of counseling. Closely monitors student arousal states, introducing grounding techniques or sensory tools before dysregulation escalates. Responds to misconduct therapeutically, using restorative practices to address the underlying emotional function of the behavior.	Standards of conduct are deeply internalized by students, who often monitor their own behavior or self-regulate with minimal prompting. The Social Worker provides high-level leadership in the school, designing interventions that proactively support a civil and safe environment for all constituents. Critical Attributes: Students take extreme ownership of the therapy space, utilizing self-regulation strategies independently when they feel overwhelmed. Demonstrates master-level clinical response to crisis, turning intense dysregulation into profound, safe moments of therapeutic learning. Designs and leads building-wide behavioral positive-support programs that dramatically reduce disciplinary events across the school.

2e: Organizing Physical Space for Counseling and Student Supports Indicators: **1. Counseling spaces are private, safe, and comfortable for students.** **2. Materials, resources, and documentation are organized and accessible.** **3. Spaces are prepared for individual or group counseling sessions.** **4. Parent and family meeting spaces are welcoming and confidential.** **5. Space use reflects intentional planning to support student well-being and learning.**	Spaces are disorganized, unsafe, or not conducive to counseling. Materials and resources are not accessible. Parent meetings or student sessions are disrupted by the environment. Critical Attributes: Confidential files are left in plain sight or unlocked, compromising student and family privacy. The office physical environment is cluttered, visually overstimulating, or unwelcoming. Frequent interruptions from outside traffic occur during sensitive sessions due to poor boundary-setting or space management.	Spaces are somewhat organized, but may lack privacy, comfort, or accessibility. Materials and resources are available inconsistently. Environment partially supports counseling and parent meetings. Critical Attributes: Files are secured, but retrieving therapeutic materials during a session takes away from student time. The room configuration offers limited structural privacy, allowing voices to be partially heard from the hallway. The space contains basic seating but lacks elements designed to foster safety or emotional regulation (e.g., calming tools, appropriate sensory lighting).	Spaces are organized, private, and safe. Materials and resources are accessible and well-maintained. Environment supports effective counseling sessions and parent meetings. Critical Attributes: Organizes a private, highly secure environment that fully respects and maintains student confidentiality. Thoughtfully structures the room with designated areas (e.g., a "cool down" corner, play therapy zones, collaborative meeting tables). Ensures therapeutic resources, sensory items, and visual coping aids are always ready and within student reach.	Spaces are thoughtfully designed and optimized for student engagement and confidentiality. Materials and resources are organized, accessible, and enhance service delivery. Environment supports smooth, professional, and welcoming student and family interactions. Critical Attributes: The physical environment is curated to maximize therapeutic safety, utilizing lighting, trauma-informed color choices, and soundproofing to ensure deep privacy. Includes interactive, culturally inclusive, and neurodivergent-friendly physical media that immediately engage reluctant students and parents. Creates a seamless "living-room" or welcoming aesthetic that lowers the defenses of families during difficult crisis or transition meetings.

Domain 3: Delivery of Service

Criteria	Ineffective	Partially Effective	Effective	Highly Effective
3a: Responding to Referrals and Coordinating Student Supports Indicators: **1. Responds to student referrals in a timely and appropriate manner.** **2. Communicates and collaborates with teachers and administrators regarding student needs.** **3. Coordinates supports with families and, when appropriate, outside providers.** **4. Maintains appropriate communication with community or mental health professionals.** **5. Ensures information is shared appropriately to support student well-being and success.**	Referrals are addressed inconsistently or not at all. Communication with staff, families, or providers is minimal or unclear. Supports are not coordinated, and student needs may not be met. Critical Attributes: Urgent crisis or behavioral referrals sit unaddressed for days. Avoids contacting families or teachers regarding referrals, leaving stakeholders in the dark. Operates in an isolated silo, ignoring external therapy providers or wrap-around coordinators.	Referrals are sometimes addressed appropriately, but follow-up is inconsistent. Communication and coordination occur intermittently or lack clarity. Supports are partially aligned with student needs. Critical Attributes: Initial intake is completed, but feedback is rarely provided back to the referring teacher. Attempts to collaborate with external providers are made only when a critical crisis forces contact. Provides families with referral information but fails to follow up on whether services were successfully established.	Referrals are addressed promptly and appropriately. Clear communication and collaboration with staff, families, and outside providers occur consistently. Supports are coordinated effectively to meet student needs. Critical Attributes: Systematically responds to all referrals within established district timelines. Establishes clear, consistent, feedback loops to keep teachers, administrators, and parents updated on support progress. Coordinates proactively with external agencies (e.g., therapists, DCP&P, medical professionals) to align clinical strategies with school plans.	Proactively responds to referrals and anticipates student needs. Maintains strong, timely collaboration and communication with all relevant stakeholders. Coordination ensures comprehensive, well-aligned supports that promote student success and well-being. Critical Attributes: Anticipates systemic needs, building streamlined communication pipelines that prevent students from falling through the cracks. Leads multidisciplinary, wrap-around care coordination teams that unite school staff, family, and medical/psychiatric teams into one cohesive front. Designs proactive outreach processes to help families easily navigate complex healthcare and social support systems.

3b:Facilitating Student Dialogue and Reflection **Indicators:** **1. Uses open-ended questions to promote reflection.** **2. Encourages meaningful dialogue during sessions.** **3. Supports students in sharing perspectives and experiences.** **4. Promotes problem-solving and self-awareness.** **5. Adjusts discussion techniques based on student needs.**	Questions or discussion techniques are rarely used. Students are passive or disengaged. Little or no reflection or problem-solving occurs. Critical Attributes: Sessions are characterized by the Social Worker doing all the talking, lecturing, or interrogating. Questions are strictly close-ended (yes/no), leading to silent or non-communicative students. Fails to help students connect their actions to consequences or underlying feelings.	Questions or discussion techniques are inconsistent. Some student participation occurs, but engagement is limited. Reflection and problem-solving happen only occasionally. Critical Attributes: Uses basic active listening, but struggles to guide students toward deeper self-insight. Discussion topics drift into superficial chat, missing opportunities to address therapeutic targets. The social worker attempts to prompt problem-solving but quickly steps in to provide the answers.	Questions and discussion strategies actively engage students. Students participate meaningfully and reflect on experiences. Problem-solving and self-awareness are promoted consistently. Critical Attributes: Skillfully employs open-ended prompts, reflective listening, and cognitive-behavioral questioning strategies. Empowers students to look inward and express their challenges in a safe, non-judgmental dialogue. Guides students to evaluate their own behavior and independently brainstorm positive alternatives..	Students are highly engaged in dialogue and reflection. Strategies lead to independent thinking, problem-solving, and meaningful application of skills. Discussion is adapted in real-time to deepen student reflection and growth. Critical Attributes: Utilizes advanced therapeutic approaches (e.g., Motivational Interviewing, Narrative Therapy techniques) to help students discover their own solutions. Notices micro-expressions or shifts in energy and seamlessly pivots the conversation to unlock breakthroughs. Students demonstrate clear developmental growth by independently leading the dialogue and self-correcting cognitive distortions.

3c: Engages students in meaningful counseling activities and interventions that promote social-emotional development, self-awareness, and problem-solving. **Indicators:** **1. Activities align with student social-emotional or behavioral needs.** **2. Students actively participate in counseling discussions and activities.** **3. Strategies promote reflection, problem-solving, and skill-building.** **4. Activities are developmentally appropriate and responsive to student needs.** **5. Students have opportunities to practice coping or social-emotional skills.** **6. Session structure and pacing maintain student engagement.**	Activities are poorly designed or irrelevant to student needs. Students are passive or disengaged. Little opportunity for skill practice. Critical Attributes: Uses generic, worksheets or games that are developmentally inappropriate or completely unrelated to the student's needs. Pacing is either painfully slow or rushed, leading to behavior issues or emotional withdrawal. Sessions lack structured practice, leaving the student without actionable coping strategies.	Some activities are meaningful but engagement is inconsistent. Students participate intermittently. Limited opportunities for skill practice or reflection. Critical Attributes: Selects standard counseling interventions, but fails to tailor them to the student's unique personality or interests. Coping skills are explained verbally, but are rarely practiced through role-play or interactive exercises. Activities are occasionally too complex or too simple for the student's developmental age.	Activities are purposeful and aligned with student needs. Students actively participate in discussion and skill-building. Reflection and problem-solving are integrated consistently. Critical Attributes: Utilizes evidence-based interventions (e.g., CBT, mindfulness, social skills curricula) targeted specifically to student plan goals. Provides explicit opportunities during sessions to practice new behaviors (e.g., deep breathing, assertive communication, role-play). Maintains a clear session structure (opening, check-in, therapeutic activity, practice, wrap-up) that keeps students focused.	Activities are highly engaging, relevant, and responsive to student needs. Students take ownership of their learning and skill application. Sessions promote deep reflection, problem-solving, and independent use of skills. Critical Attributes: Integrates the student's personal passions (art, music, sports, storytelling) directly into evidence-based counseling strategies. Students independently apply therapeutic tools during sessions, articulating when and how they will use them in the real world. Pacing is completely fluid, allowing the social worker to masterfully balance therapeutic structure with spontaneous emotional processing.

3d: Planning interventions to maximize students likelihood of success **1. Students input and self-assessment.** **2. Obtaining data.** **3. Collaboration with colleagues.** **4. Monitoring and re-assessing.**	Social Worker fails to plan interventions suitable to students, or interventions are mismatched with the findings of the assessment. Critical Attributes: Uses identical intervention programs for all students, ignoring individual diagnosis or clinical findings. Completely ignores input or data from teachers and parents when designing support plans. Does not build in any way to monitor whether the intervention is working.	Social Worker plans for students are partially suitable for them or are sporadically aligned with identified needs. Critical Attributes: Plans are based on a basic diagnosis (e.g., ADHD) but ignore the specific student's actual learning environment or sensory profile. Collaborates with school colleagues only after a plan is written, rather than during its design. Collects some behavioral data, but rarely uses it to adjust the plan's course.	Social Worker plans for students are suitable for them and are aligned with identified needs successfully. Critical Attributes: Collaboratively designs intervention plans that explicitly reflect the assessment data and student self-reports. Builds in practical accommodations that match the student's daily academic environment and schedule. Integrates feedback from teachers, ensuring the intervention is realistic and practical for the school building.	Social Worker develops preventative plans for students, finding ways to creatively meet student needs and incorporate many related elements. Critical Attributes: Proactively designs preventive interventions that address potential triggers before they result in academic or social failure. Empowers the student to co-author and self-assess their plan, fostering self-determination. Synthesizes multiple data streams (attendance, academic performance, behavioral tracking, self-reports) to continuously optimize the plan.

3e: Demonstrating flexibility and responsiveness **1. Lesson adjustment.** **2. Response to students.** **3. Persistence.**	Social Worker adheres to the plan or program, in spite of evidence of its inadequacy. Critical Attributes: Rigidly pushes a pre-planned lesson or intervention even when a student arrives in an acute crisis or severe distress. Blames the student or family for a lack of progress rather than examining the effectiveness of the intervention. Gives up on finding alternative interventions when a student does not respond to the first attempt.	Social Worker makes minimal changes in the treatment program when confronted with evidence of the need for change. Critical Attributes: Acknowledges that an intervention is not working but continues to use the same methods with minor, superficial adjustments. Responds to student distress during a session, but struggles to steer the session back to a productive place. Tries a new approach briefly, but returns to comfortable routines when immediate results are not seen.	Social Worker makes appropriate revisions in the treatment program when it is needed. Critical Attributes: Recognizes when a student is in crisis or dysregulated and immediately shelves the plan to provide necessary stabilization. Monitors progress and shifts clinical strategies when data indicates the student is not making therapeutic gains. Persistently searches for alternative interventions, consulting with peers to address roadblocks.	Social Worker is continually seeking ways to improve the treatment program and makes changes as needed in response to student, parent, or teacher input. Critical Attributes: Demonstrates exceptional clinical fluidity, turning unexpected student crises or resistance into profound opportunities for growth. Maintains a vast, highly responsive toolkit of strategies, seamlessly pivoting to match the student's emotional state. Shows unwavering persistence with highly resistant students, trying new methods until a breakthrough is achieved.

Domain 4: Professional Responsibilities				
Criteria	**Ineffective**	**Partially Effective**	**Effective**	**Highly Effective**
4a: Reflecting on practice **Indicators:** **1. Accuracy.** **2. Use in of future teaching.**	Social Worker does not reflect on practice, or the reflections are inaccurate or inappropriate. Critical Attributes: Fails to identify why a session or intervention was unsuccessful, blaming outside forces (the student, home environment). Refuses to accept constructive supervisor feedback and continues ineffective therapeutic practices. Is unaware of personal biases or how they impact interactions with students and families.	Social Worker's reflection on practice is moderately accurate and objective without citing specific examples, and with only global suggestions as to how it might be improved. Critical Attributes: Reflects on sessions in general terms (e.g., "the session went okay") but cannot pinpoint specific clinical interventions that worked or failed. Identifies a need for change but suggests only vague, non-specific strategies for improvement. Shows awareness of areas of weakness but makes limited effort to adjust clinical techniques.	Social Worker's reflection provides an accurate and objective description of practice, citing specific positive and negative characteristics. Social Worker makes some specific suggestions as to how the counseling program might be improved. Critical Attributes: Critically evaluates individual and group sessions, accurately identifying specific moments where student engagement or emotional processing stalled. Uses reflective insights to directly modify strategies, planning alternative approaches for the next session. Actively seeks out peer consultation to refine clinical interventions.	Social Worker's reflection is highly accurate and perceptive, citing specific examples that were not fully successful for at least some students. Social Worker draws on an extensive repertoire to suggest alternative strategies. Critical Attributes: Engages in systematic self-reflection, dissecting complex transference/counter-transference dynamics. Draws on deep clinical theory to continuously analyze intervention outcomes. Shares reflective insights with the wider professional community, mentoring others in refining clinical practices.

4b: Communicating with families **Indicators:** **1. About instructional program.** **2. About individual students.** **3. Engagement of families in instructional program.** **4. Use of oral and written language.**	Social Worker fails to communicate with families and secure necessary permission for evaluations or communicates in an insensitive manner. Critical Attributes: Violates legal requirements by failing to get parent consent for counseling, assessments, or outside referrals. Uses technical, clinical jargon or patronizing language that alienates, confuses, or offends families. Ignores family concerns, questions, or calls during crisis situations.	Social Worker's communication with families is partially successful; permissions are obtained, but there are occasional insensitivities to parental concerns. Critical Attributes: Obtains parental signatures for evaluations but fails to explain the assessment process, leaving parents anxious or confused. Communicates with families only during crises or when a student's behavior escalates, missing opportunities for positive contact. Struggles to adapt communication styles for families of diverse linguistic or cultural backgrounds.	Social Worker communicates with families and secures necessary permission for evaluations and does so in a manner sensitive to parental concerns. Critical Attributes: Proactively explains student progress, assessment goals, and intervention strategies to parents in accessible, clear, and empathetic language. Regularly seeks out parental input, treating them as essential partners in their child's emotional wellness. Always secures required permissions in an ethical, timely manner, ensuring parents are fully informed of their legal rights.	Social Worker seamlessly secures necessary permissions and communicates with families in a manner highly sensitive to parent concerns. Social Worker reaches out to families of students to enhance trust. Critical Attributes: Establishes exceptional trust with historically marginalized or hard-to-reach families, serving as a safe liaison between home and school. Utilizes highly sensitive, culturally affirming communication structures to navigate difficult topics (e.g., mental health stigma, trauma, abuse). Creates training workshops or support groups for parents to help them reinforce coping strategies at home.

4c: Maintaining accurate records **Indicators:** **1. Maintaining appropriate storage.** **2. Student progress in counseling.**	School Social Worker's records are in disarray; they may be missing, illegible, or stored in an insecure location. Critical Attributes: Leaves confidential paperwork (IEPs, case notes, medical evaluations) exposed on desks or in unlocked drawers. Progress notes are missing, incomplete, or lack sufficient detail to show treatment progress. Violates state and federal record-keeping mandates, presenting a liability risk to the school district.	School Social Worker's records are partially accurate and legible and are stored in a secure location. Critical Attributes: Records are secured in locked cabinets or secure systems, but are disorganized and difficult to navigate. Case notes are updated sporadically, occasionally missing key session details or intervention outcomes. Documents are completed but are sometimes written using non-professional language or highly subjective opinions.	School Social Worker's records are consistently accurate and legible, well organized, and stored in a secure location. Critical Attributes: Maintains secure, audit-ready, and highly professional student files in strict accordance with FERPA and HIPAA regulations. Regularly writes objective, clear, and detailed progress notes after every session. Ensures that student goals, intervention tracking, and evaluation timelines are documented clearly.	School Social Worker's records are skillfully organized and stored in a secure location. They are written to be understandable to another qualified professional. Critical Attributes: Maintains a gold-standard documentation system, utilizing clear clinical terminology that another clinician could easily step in and follow. Notes cleanly separate objective behavioral observations from professional clinical interpretations. Designs streamlined, digital, or physical organizing templates that improve record-keeping efficiency for the entire multidisciplinary team.

4d: Participating in a professional Community **Indicators:** **1. Relationships with colleagues.** **2. Participation in school projects.** **3. Involvement in culture of professional inquiry.** **4. Service to school.**	School Social Worker's relationships with colleagues are poor. School Social Worker avoids being involved in school and district events and projects. Critical Attributes: Becomes combative, dismissive, or completely isolated from school teaching staff and specialists. Refuses to join school committees, crisis response teams, or school-wide projects. Actively avoids attending district-wide professional development or team meetings.	School Social Worker's relationships with colleagues are minimal, and School Social Worker participates in school and district events and projects when specifically requested. Critical Attributes: Maintains cordial but distant peer relationships, collaborating only when administrative directives require it. Attends mandatory school events but remains a passive participant, offering little input. Rarely contributes to school-wide initiatives or programs, limiting focus exclusively to personal caseload.	School Social Worker participates frequently in school and district events and projects and maintains positive and productive relationships with colleagues. Critical Attributes: Collaborates actively and productively with teachers, specialists, and administrators to support students. Voluntarily contributes to school-wide committees (e.g., Crisis Team, MTSS/I&RS Team, Wellness Committee). Regularly participates in district professional learning communities, sharing resources and expertise.	School Social Worker makes a solid contribution to school and district events and projects and assumes leadership with colleagues. Critical Attributes: Leads school and district-level initiatives (e.g., organizing trauma-informed training, developing district crisis protocols). Acts as a trusted mentor to newer school social workers, counselors, and interns. Promotes a culture of shared professional inquiry, regularly leading interdisciplinary study groups or case consultations.

4e: Engaging in professional development **1. Enhancement of knowledge and skill.** **2. Receptivity to feedback from colleagues.** **3. Service to the profession.**	Social worker does not participate in professional development activities, even when such activities are clearly needed for the ongoing development of skills. Critical Attributes: Fails to complete state-mandated professional development hours or maintain clinical licensure requirements. Refuses to learn new, modern, evidence-based practices, relying on outdated therapeutic models. Reacts defensively to clinical feedback or supervision recommendations.	Social worker's participation in professional development activities is minimal to those that are convenient or are required. **Critical Attributes**: Attends required district training days but rarely applies the learned strategies to daily student support. Selects convenient or repetitive professional development topics rather than exploring areas of actual professional growth. Accepts constructive feedback passively, but rarely changes professional behavior as a result.	Social worker consistently seeks out opportunities for professional development based on an individual assessment of need. Critical Attributes: Actively pursues workshops and courses targeted at specific areas of growth (e.g., play therapy, advanced trauma techniques, restorative justice). Directly applies new, research-backed counseling methodologies to improve student outcomes. Welcomes feedback from supervisors and colleagues, actively incorporating recommendations into clinical practice.	Social worker pursues professional development opportunities and makes a substantial contribution to the profession through such activities as offering workshops to colleagues. Critical Attributes: Obtains advanced professional certifications (e.g., LCSW, Registered Play Therapist, Trauma Specialist) and brings this specialized knowledge to the district. Conducts original workshops, presents at professional conferences, or publishes articles on school-based mental health. Leads the implementation of cutting-edge, evidence based practices

Board Certified Behavior Analyst Evaluation Instrument

Domain 1: Planning and Preparation				
Criteria	**Ineffective**	**Partially Effective**	**Effective**	**Highly Effective**
1a: Demonstrating knowledge of behavioral and educational theories, resources, and regulatory procedures in the delivery of school behavioral services	Behavior Specialist demonstrates little or no knowledge of behavioral and educational theories, and school or community resources, and little or no compliance with regulatory procedures in the delivery of school behavioral services.	Behavior Specialist demonstrates limited knowledge of behavioral and educational theories, and school or community resources, and some compliance with regulatory procedures in the delivery of school behavioral services.	Behavior Specialist demonstrates thorough knowledge of behavioral and educational theories, and school and community resources, and compliance with regulatory procedures in the delivery of school behavioral services.	Behavior Specialist demonstrates extensive knowledge of Applied Behavior Analysis (ABA) and educational theories, and school and community resources, and consistent compliance with regulatory procedures in the delivery of school behavioral services.
1b: Demonstrating skills and knowledge of behavioral instruments, specific disabilities, and individual learning characteristics when determining assessments, procedures for conducting Functional Behavioral Assessments (FBAs), and designing and implementing evidence-based Behavioral Intervention Plans (BIPs)	Behavior Specialist demonstrates little or no knowledge or understanding of the influence of specific disabilities as well as individual learning characteristics and evidence-based strategies when determining assessments and developing behavioral interventions.	Behavior Specialist demonstrates inconsistent knowledge and understanding of the influence of specific disabilities as well as individual learning characteristics and evidence-based strategies when determining assessments and developing behavioral interventions.	Behavior Specialist demonstrates strong knowledge and understanding of the influence of specific disabilities as well as individual learning characteristics and evidence-based strategies when determining assessments and developing behavioral interventions.	Behavior Specialist demonstrates extensive knowledge and understanding of the influence of specific disabilities as well as individual learning characteristics and evidence-based strategies when determining assessments and developing behavioral interventions.
1c: Establishing goals for the instructional and behavioral support programs that are appropriate to the setting and the students served	Behavior Specialist has few or no defined goals and strategies for the implementation of individual Behavior Intervention Plans (BIPs) to promote learning, enhance the acquisition of replacement behaviors, and provide proactive strategies and responsive services to students,	Behavior Specialist has limited goals and strategies for the implementation of individual Behavior Intervention Plans (BIPs) to promote learning, enhance the acquisition of replacement behaviors, and	Behavior Specialist has defined goals and strategies for the implementation of individual Behavior Intervention Plans (BIPs) to promote learning, enhance the acquisition of replacement behaviors, and provide proactive strategies	Behavior Specialist has clearly defined goals and strategies for the implementation of individual Behavior Intervention Plans (BIPs) to promote learning, enhance the acquisition of replacement behaviors, and provide

	including family-school collaboration.	provide proactive strategies and responsive services to students, including family school collaboration.	and responsive services to students, including family-school collaboration.	proactive strategies and responsive services to students, including family-school collaboration.
1d: Demonstrating knowledge of resources both within and beyond the school and district as they apply to school practices	Behavior Specialist demonstrates little or no knowledge of resources available in the school or community.	Behavior Specialist displays limited knowledge of resources available in the school or community.	Behavior Specialist consistently displays knowledge of resources available in the school or community.	Behavior Specialist functions in a leadership role in providing knowledge of resources available in the school or community.
1e: Demonstrating the ability to collect, analyze, and interpret data as the foundation for designing effective practices at the individual and group levels	Behavior Specialist demonstrates no or little ability to collect, analyze, and interpret data in order to develop effective practices at the individual and group levels.	Behavior Specialist displays inconsistent skills in collecting, analyzing, and interpreting data in order to develop effective practices at the individual and group levels.	Behavior Specialist accurately and consistently demonstrates skills in collecting, analyzing, and interpreting data in order to develop effective practices at the individual and group levels.	Behavior Specialist demonstrates extensive skills in collecting, analyzing, and interpreting data in order to develop effective practices at the individual and group levels.
1f: Developing a plan to evaluate the behavioral and instructional support program(s)	Behavior Specialist has no plan to effectively evaluate the progress monitoring of the goals and objectives and evidence, or resists suggestions that such an evaluation is important.	Behavior Specialist has a rudimentary plan to evaluate the progress monitoring of the goals and objectives and evidence related to behavioral and instructional support programs.	Behavior Specialist has an organized plan to evaluate the progress monitoring of the goals and objectives and evidence, including the review of data collection provided by staff to indicate the degree to which the goals and objectives have been met.	Behavior Specialist has a sophisticated plan to evaluate the progress monitoring of the goals and objectives using many sources of evidence, including the review of data collection provided by staff, and has a clear path toward improving the program on an ongoing basis.

Domain 2: The Learning Environment				
Criteria	**Ineffective**	**Partially Effective**	**Effective**	**Highly Effective**
2a: Creating an environment of respect and rapport	Behavior Specialist's interactions with staff and students are negative or inappropriate and ineffective toward addressing staff concerns and students' behavioral, social, and learning needs; students appear uncomfortable during service delivery.	Behavior Specialist's interactions with staff and students are a mix of positive and negative and are inconsistent in supporting staff concerns and students' behavioral, social, and learning needs; the Behavior Specialist's efforts at developing rapport are partially successful.	Behavior Specialist's interactions with staff and students are positive and respectful and consistently support staff concerns and students' behavioral, social, and learning needs.	Staff and students seek out the Behavior Specialist, reflecting a high degree of comfort and trust in the relationship and demonstrate the benefits derived from the behavioral, social, and learning supports provided through behavioral services.
2b: Establishing a culture for learning	Behavior Specialist's interactions with staff are characterized by a reactive and generally negative tone, with an absence of skill building in the behavioral strategies available to the teaching staff.	Behavior Specialist's interactions with staff are characterized by some willingness to provide recommendations for behavioral strategies but a failure to provide support for the implementation of those strategies and support for the teacher's growth in working with students' behavioral issues.	Behavior Specialist consults with staff in such a way as to reinforce inquiry into the function of behavior to determine effective, positive behavioral supports, and Behavior Specialist provides ongoing support for implementation.	Behavior Specialist has established a culture of professional inquiry in which decisions regarding behavior are based on the analysis of evidence, determining the function of behavior, establishing positive behavioral supports, and providing ongoing analysis of the impact of interventions. Over time, teachers with whom the Behavior Specialist has consulted initiate projects to be undertaken with the support of the Behavior Specialist.

2c: Managing classroom procedures	Behavior Specialist provides negative or inefficient classroom management procedures to staff. Behavior Specialist does not individualize his/her consultations to reflect an analysis of unique classroom and/or behavioral circumstances.	Behavior Specialist provides inconsistent classroom management procedures to staff. Behavior Specialist does not individualize his/her consultations to reflect an analysis of unique classroom and/or behavioral circumstances.	Behavior Specialist provides consistent management procedures as well as methodologies to analyze the effectiveness of those procedures to staff, including positive behavioral supports that are individualized to reflect unique classroom and/or behavioral needs.	Behavior Specialist provides a broad range of knowledge regarding management procedures as well as methodologies to analyze the effectiveness of those procedures to staff, including positive behavioral supports that are individualized to reflect unique classroom and/or behavioral needs.
2d: Managing student behavior	Behavior Specialist provides generic behavioral recommendations without first engaging in data collection and analysis.	Behavior Specialist provides generic behavioral recommendations with inconsistent collection of data and without regard to settings and skill levels of teachers, parents, and staff.	Behavior Specialist provides an individualized approach to analysis of student behavior based on ABA principles, with consistent collection of data, remaining mindful of school, community, and home settings and skill levels of those implementing the plan.	Behavior Specialist provides a highly individualized approach to analysis of student behavior based on ABA principles, with consistent collection of data, remaining mindful of school, community, and home settings and skill levels of those implementing the plan, as well as the impact of each of those on the behavior plan.
2e: Organizing time effectively	Behavior Specialist exercises poor judgment in setting priorities, resulting in confusion, missed deadlines for evaluations and meetings, not providing consultation based on a set schedule, and not completing paperwork in a timely manner.	Behavior Specialist's time-management skills are moderately developed. Behavior Specialist meets some deadlines for evaluations and meetings, seeing some staff for consultation and doing some student observation based on a set schedule, and completes most paperwork	Behavior Specialist exercises consistent time-management skills in setting priorities for staff consultation and student observation, resulting in clear schedules, meeting timelines for evaluating students, meeting all deadlines for paperwork completion, and efficiently preparing for student meetings on his/her	Behavior Specialist demonstrates excellent time-management skills in addressing priorities established for staff consultation and student observation through a clearly communicated and cohesive schedule, meeting all timelines for evaluating students and deadlines for completing

		in an inconsistent manner.	caseload.	paperwork, and preparing effectively and efficiently for student meetings on his/her caseload.
Domain 3: Delivery of Service				
Criteria	**Ineffective**	**Partially Effective**	**Effective**	**Highly Effective**
3a: Using a collaborative consultation and problem-solving process when working with school staff, students, parents, administrators, and outside agencies	Behavior Specialist lacks the skills to use a collaborative consultation and problem-solving process when working with school staff, students, parents, administrators, and outside agencies, and fails to incorporate information and concerns when developing and adjusting behavioral plans.	Behavior Specialist attempts to use a collaborative consultation and problem-solving process when working with school staff, students, parents, administrators, and outside agencies, and inconsistently incorporates information and concerns when developing and adjusting behavioral plans.	Behavior Specialist consistently uses a collaborative consultation and problem-solving process when working with school staff, students, parents, administrators, and outside agencies, and incorporates information and concerns from others when developing and adjusting behavioral plans.	Behavior Specialist is highly skilled in collaborative consultation, making a substantial contribution during the problem-solving process by engaging participants, sharing skills and knowledge, and incorporating information beyond the typical resources when developing and adjusting behavioral plans.
3b: Demonstrating leadership during team meetings	Behavior Specialist lacks the skills necessary to assume leadership of the school team, resulting in minimal contribution to the organization, mediation, and facilitation of the process.	Behavior Specialist employs limited skills in the following areas: facilitation of meetings, mediation, organization of materials and data, and demonstration of a focus on solution-based outcomes.	Behavior Specialist assumes leadership of the school team, takes initiative in organizing materials and data for meetings, and mediates conflicts as a solution-focused facilitator.	Behavior Specialist assumes leadership of the school team, takes initiative in organizing materials and data for meetings, and mediates conflicts in a drive to reach consensus as a solution-oriented leader.
3c: Using assessment data to develop and implement evidence-based academic and social/behavioral services, and interventions that are intended to improve student performance	Behavior Specialist fails to use assessment data or uses data incorrectly to develop and implement interventions for academic and social/behavioral services.	Behavior Specialist displays limited skills in evaluating and analyzing assessment data and provides some strategies when assisting in the development of	Behavior Specialist displays strong skills in evaluating and analyzing assessment data and has the ability to develop creative strategies with behavioral momentum when	Behavior Specialist effectively utilizes data in the development of comprehensive plans for students, finding ways to creatively meet student needs

		intervention plans.	assisting in the development of intervention plans for students.	and incorporate many related elements that ensure the inclusion of student self-management strategies.
3d: Collaborating with stakeholders to monitor data collection and data analysis in order to adjust academic and social/behavioral intervention plans and services	Behavior Specialist fails to collaborate with stakeholders to monitor data collection and data analysis and adjust intervention plans.	Behavior Specialist displays limited skills when working with stakeholders to monitor data collection and data analysis and adjust intervention plans.	Behavior Specialist works collaboratively with stakeholders to monitor data collection and data analysis and adjust intervention plans based on outcomes.	Behavior Specialist works collaboratively with stakeholders to monitor and adjust comprehensive intervention plans for students, finding ways to creatively meet student needs and incorporate many related elements, including student self-management strategies.
3e: Demonstrating flexibility and responsiveness	Behavior Specialist fails to monitor and improve the BIP and does not adjust the plan as data and circumstances demand.	Behavior Specialist displays limited skills in monitoring and improving the BIP and in adjusting the plan as data and circumstances demand.	Behavior Specialist consistently works collaboratively to monitor and improve the BIP and make changes as needed in response to school circumstances and student, parent, or teacher/staff input.	Behavior Specialist continually demonstrates ways to improve the BIP and make changes as needed in response to school circumstances and student, parent, or teacher/staff input.

Domain 4: Professional Responsibilities				
Criteria	**Ineffective**	**Partially Effective**	**Effective**	**Highly Effective**
4a: Demonstrating the ability to handle confidential materials and records appropriately	Behavior Specialist's records are in disarray; they may be missing, illegible, or stored in an insecure location.	Behavior Specialist's records are disorganized but are accurate and legible and are stored in a secure location.	Behavior Specialist's records are accurate and legible, well organized, and stored in a secure location.	Behavior Specialist's records are accurate and legible, well organized, and stored in a secure location. They are written to be understandable to another qualified professional.

4b: Communicating with school staff and parent/guardian regarding home and school behavioral issues	Behavior Specialist fails to communicate with school staff and parent/guardian or communicates in an insensitive manner; necessary permissions for evaluations, screenings, or interventions are not secured.	Behavior Specialist's communication with school staff and parent/guardian is partially successful; necessary permissions are obtained, but there are occasional insensitivities to cultural and linguistic traditions.	Behavior Specialist communicates with school staff and parent/guardian and consistently secures necessary permissions in a manner sensitive to cultural and linguistic traditions.	Behavior Specialist communicates with school staff and parent/guardian and secures necessary permissions in a manner that is highly sensitive to cultural and linguistic traditions. Behavior Specialist reaches out to parent/guardian to enhance trust, to incorporate parental concerns, and to ensure consistency in the application of behavioral strategies across multiple school, home, and community settings.
4c: Participating in a professional community	Behavior Specialist's relationships with colleagues are negative or self-serving, and Behavior Specialist avoids being involved in school and district events and projects.	Behavior Specialist's relationships with colleagues are most often cordial, and Behavior Specialist participates in school and district events and projects when specifically requested.	Behavior Specialist participates actively in school and district events and projects and maintains positive and productive relationships with colleagues.	Behavior Specialist makes a substantial contribution to school and district events and projects and assumes a leadership role. Behavior Specialist provides staff and parent training in diverse ways.
4d: Growing and developing professionally / 4e: Demonstrating professionalism	Behavior Specialist does not participate in professional development activities. Displays dishonesty in interactions and violates principles of confidentiality.	Participation in professional development is limited to what is convenient/required. Inconsistent in interactions, sometimes disclosing too much info.	Seeks out opportunities for professional development. Displays high standards of honesty, integrity, and confidentiality and advocates for students.	Actively pursues professional development and makes substantial contributions to the profession. Holds highest standards of ethics and takes a leadership role.

Occupational Therapist and Physical Therapist Evaluation Instrument

Domain 1: Planning and Preparation				
Criteria	**Ineffective**	**Partially Effective**	**Effective**	**Highly Effective**
1a. Demonstrates knowledge of the discipline and of district, state, and federal guidelines and regulations **Indicators:** **1. Therapist's plans reflect the research-based content and best practices of the discipline.** **2. Plans include the use of appropriate individual, small group, and whole group activities.** **3. Program plans align with legal requirements or regulations.** **4.Therapist works with school staff to ensure students receive all services to which they are entitled.**	Therapist's plans and practices demonstrate little to no knowledge of or proficiency in the specialized area. Therapist does not demonstrate knowledge of applicable guidelines, laws, and regulations.	Therapist's plans and practices evidence some knowledge of the theory and practice of the discipline. Therapist demonstrates limited knowledge of applicable guidelines, laws, and regulations.	Therapist's plans and practices demonstrate knowledge of the theories and instructional practices of the discipline. Therapist demonstrates appropriate knowledge of applicable guidelines, laws, and regulations.	Therapist's plans and practices demonstrate deep knowledge of the theories of the practice and a high degree of skill in his/her intentional and creative application to the planned work. Therapist participates in framing and revising district policies and procedures and provides professional learning to help ensure colleagues also understand these.
1b. Uses knowledge of his/her specialty area to plan programs that meet students needs **Indicators:** **1. Therapist uses**	Therapist's plans and practices display minimal knowledge of typical developmental characteristics, skills, and needs of students in his/her specialty. Therapist's plans and practices display minimal knowledge of	Therapist's plans and practices display general knowledge of developmental characteristics, skills, and needs of students as a whole group in his/her specialty. Therapist's plans and practices display general understanding of	Therapist's plans and practices display solid understanding of developmental characteristics, skills, and needs of each individual student in his/her specialty. Therapist's plans and practices display solid understanding of how disabilities impact students'	Therapist's plans and practices take into account characteristics, skills, and needs of each individual student. Therapist uses this knowledge to create meaningful and realistic opportunities and to differentiate

research-based practices to guide and support student development. **2. Therapist's plans reflect the research -based content and best practices of the discipline.** **3. Plans include the use of appropriate individual, small group, and whole group activities.** **4. Therapist provides evidence of appropriate certification.**	disabilities of students.	disabilities of students.	attitudes, behaviors, and performances.	instruction.
1c. Establishes clear therapeutic goals to address the needs of the students served **Indicators:** **1. Therapeutic goals are developed for individual students as well as for groups of students.** **2. Therapeutic goals are clearly defined.** **3. The goals are chronologically appropriate for the students served. 4. Therapeutic goals are appropriate to address the service needs of the students.**	Therapeutic goals are not clear or are too low-level and/or too vague for the students' ages or conditions.	Therapeutic goals are somewhat clear and appropriate for the ages and needs of some of the students.	Therapeutic goals are clearly defined and appropriately designed for the ages and needs of the students served	Therapeutic goals are crisply defined and highly appropriate for informing a wide range of aligned program activities that address the needs and ages of the students served.
1d. Identifies resources both within and outside	Therapist does not demonstrate knowledge of	Therapist demonstrates limited knowledge of school or district	Therapist is knowledgeable of resources available to support the	Therapist has deep and extensive knowledge of

the school and district **Indicators:** **1. Therapist identifies resources for students that are available within the school.** **2. Therapist identifies resources for the students and the program that are available within the district.** **3. Therapist identifies resources for the program that are available beyond the school/district.** **4. Therapist identifies specific resources needed to support students and seeks these out.**	school or district resources to support the program and students and makes no attempts to gain this knowledge.	resources available to support the program and students. Therapist makes limited attempts to develop this knowledge.	program and students within the school and district and has some understanding of resources beyond these. Therapist continually seeks additional resources to support the program and students.	available resources within and external to the school and district. Therapist works closely with key stakeholders to identify additional resources.
1e. Ensures the therapeutic program is coherent and integrated with the school programs to meet student needs **Indicators:** **1. Therapeutic and school programs are integrated to ensure a seamless approach to student learning.** **2. Therapeutic program ensures coherence through the alignment of goals, activities, and processes.** **3. The goals of the**	Planned therapeutic program is incoherent, made up of a series of activities and experiences that are poorly aligned with the goals of both the therapeutic program and the school programs.	Planned therapeutic program includes activities that are somewhat coherent and not well aligned and integrated with the program goals and the school programs.	The planned therapeutic program is both coherent and well integrated with the school programs.	The therapeutic program aligns and integrates program activities, program goals, and school goals to ensure a coherent and flexible approach that addresses the needs of most of the students served.

therapeutic program focus on student learning. **4. Therapeutic program enhances learning by removing the barriers to student learning in the school programs.**				
1f. Develops plans to assess and improve the therapeutic services offered to students **Indicators:** **1. Therapist has a clearly defined plan to assess the impact of the therapeutic services.** **2. Impact is assessed relative to goals for therapy.** **3. Evidence of impact informs improvement of therapeutic services.** **4. Assessment and improvement strategies are documented.**	No plans have been developed to assess and improve the therapeutic services offered to individuals or groups of students.	Therapist has developed a limited approach to assessing and improving the therapeutic services offered to individuals or groups of students.	Therapist has developed a clear plan to assess the processes and impact of the services offered to individuals or groups of students and to use the evidence of impact to frame improvements.	Therapist has developed a plan for ongoing review and refinement of the services offered to individuals or groups of students, incorporating the recommendations of students and other stakeholders.

Domain 2: Environment

Criteria	Ineffective	Partially Effective	Effective	Highly Effective
2a. Knows and develops positive and respectful interactions	Therapist does not know the students served and does not exhibit	Therapist's interactions with students are generally appropriate, but there is limited success in promoting	Therapist's interactions with students are generally appropriate, but there is limited success in promoting	Students and Therapist collaborate to maintain the positive climate promoted by the Therapist. Students

with students **Indicators:** **1. Therapist models the expected behaviors by treating all students in respectful and caring ways.** **2. There is a marked absence of sarcasm, put-downs, and any form of negative interactions or bullying among the students.** **3. Therapist and students demonstrate genuine concern and caring for each other.** **4. Students indicate that they feel safe in the program environment.**	respectful and caring interactions with them. Students do not appear comfortable in the therapeutic setting.	respectful and caring interactions among the youngsters. Therapist typically respects the cultural and linguistic diversity of the students, but there are some indicators of insensitivity. Levels of rapport vary.	respectful and caring interactions among the youngsters. Therapist typically respects the cultural and linguistic diversity of the students, but there are some indicators of insensitivity. Levels of rapport vary.	monitor their own interactions to ensure they are both respectful and supportive. Therapist continues to model respectful and supportive interactions, continuously promoting and supporting respect for diversity.
2b. Sets priorities and organizes time **Indicators:** **1. Priorities are set and communicated with critical stakeholders.** **2. Therapeutic programs and activities are delivered as scheduled.** **3. Students and teachers know the**	Priorities are not clearly defined and time is not well managed, causing negative impact on scheduling and the timely completion of reports.	Priorities are not clearly defined and time is not well managed, causing negative impact on scheduling and the timely completion of reports.	Priorities are not clearly defined and time is not well managed, causing negative impact on scheduling and the timely completion of reports.	Effective and efficient time management skills help ensure that therapeutic activities run smoothly and on schedule. Students, teachers, and families/caregivers know and understand the schedule of services.

schedule for services. **4. The ordered priorities inform the schedules.**				
2c. Develops and promotes referral processes and procedures **Indicators:** **1. Referral processes and procedures are clearly codified.** **2. Therapist communicates the processes and procedures to all stakeholders.** **3. Teachers understand how to refer a student for services.** **4. Families/caregivers indicate that they understand the referral process.**	There is no evidence of processes and procedures to guide referrals to the therapeutic program.	Therapist has developed a rudimentary set of processes and procedures to guide referrals, but families/caregivers and teachers do not understand them.	Referral processes and procedures are well defined. All stakeholders know and understand what to do to refer a student.	Referral processes and procedures are well defined. All stakeholders know and understand what to do to refer a student.
2d. Develops and enforces standards for student conduct **Indicators:** **1. Therapist prevents off-task behaviors by proactively referencing the standards of conduct.** **2. Student misbehaviors are addressed immediately and appropriately.**	Standards for student conduct have not been established and there is little or no attention paid to managing student behavior. Misbehaviors are addressed in ways that are harsh or inappropriate.	behavior. Misbehaviors are addressed in ways that are harsh or inappropriate. inconsistently followed by the students. Misbehaviors are addressed inconsistently.	Standards of conduct are evident and referenced by the Therapist and students. Student behavior is monitored relative to the standards. Students understand that there are consequences for misbehaviors, and misbehaviors are addressed appropriately.	Students help define the standards of behavior and hold themselves and their classmates accountable for honoring these. Therapist helps promote the standards beyond the therapeutic space, framing a culture of expectations for student behaviors throughout the school.

3. Students demonstrate understanding of the standards of behavior. **4. Student behavior is monitored consistently.**				
2e. Organizes physical space to support program goals and activities **Indicators:** **1. The physical space is well organized.** **2. Students can quickly and easily access all necessary materials, supplies, and equipment and put them away in their designated spaces.** **3. The physical arrangement promotes and supports multiple program activities.** **4. Students indicate that they feel safe and comfortable in the therapeutic environment.**	The physical space is disorganized and not arranged to support program activities, compromising the achievement of program goals. Access to program resources and equipment is constrained.	The physical space is safe and reasonably organized to support some program activities, but it is not flexible enough to support the various learning experiences that take place as part of the program. Students can usually locate and access resources and equipment, although time is wasted in looking for these.	The physical space is safe and well organized to support the program activities and goals. Students can readily and independently access resources and equipment they need.	The physical space is safe and well organized to support the program activities and goals. Students can readily and independently access resources and equipment they need.

Domain 3: Delivery of Service

Criteria	Ineffective	Partially Effective	Effective	Highly Effective
3a. Assesses referred students **Indicators:** **1. Therapist responds**	Therapist ignores referrals and does not see the students, or sees referred students but makes an inadequate	Therapist reluctantly responds to referrals and makes an adequate assessment of the needs	Therapist responds to referrals in a timely and professional manner, making a complete and thorough assessment of the needs of each	Therapist responds quickly and professionally to referrals and helps teachers and administrators understand how

to referrals in a professional manner. **2. Assessment of referred students is timely and complete.** **3. Assessments are thorough.** **4. Teachers feel confident referring students for therapeutic services.**	assessment of their needs.	of students.	student.	to identify students for referral. Assessments are comprehensive and competent.
3b. Implements treatment aligned with students' needs and goals **Indicators:** **1. Treatment aligns with the needs and goals identified through the assessment and referral process.** **2. Treatment appropriately addresses the identified needs and goals to encourage student success.** **3. Therapist can explain how the treatment is being implemented.** **4. Treatment focuses on data-informed strategies to remove barriers to learning.**	Treatment is not aligned with the needs and goals identified through the referral and assessment process.	Treatment is only somewhat aligned with the needs and goals identified through the referral and assessment process, and so treatment is not entirely appropriate to address student needs.	Treatment is effectively aligned with the identified needs and goals and is appropriate to address student needs.	Treatment is comprehensive in scope, inventive, and tightly aligned with the needs and goals identified through the referral and assessment process.
3c. Ensures the use of therapeutic techniques and strategies in sessions and in classrooms **Indicators:**	Therapeutic treatment is either undefined or insufficiently defined to promote full implementation in one-on-one sessions or small group sessions with students. No effort is made to work with teachers to	Therapeutic treatment is either strategies and techniques are fully implemented in sessions. Minimal effort is made to work with teachers to implement strategies in classrooms that	A range of therapeutic strategies and techniques are fully implemented in sessions. Sufficient effort is made to work with teachers to implement strategies in classrooms that support	A wide range of therapeutic strategies and techniques are fully implemented in sessions. Therapist works closely with teachers to help them adjust their instructional strategies, lesson goals, and

1. Therapist ensures teachers understand student needs and treatment plans. **2. Therapist works with teachers to implement strategies in the classroom to support student needs.** **3. Therapist monitors implementation in the classrooms.** **4. Therapist promotes full implementation of the planned services for all sessions, as appropriate.**	support these students in the classroom setting.	would support student needs.	student needs.	physical space to best meet the needs of the students served.
3d. Uses data to adjust treatment during delivery of services **Indicators:** **1. Therapist provides written records showing the use of a system to monitor impact of treatment.** **2. Student challenges and accomplishments, relative to planned treatment, are clearly documented.** **3. Adjustments made by Therapist during delivery of services are recorded.** **4. Therapist continually improves treatment to**	Therapist does not use a defined system to monitor impact of treatment during delivery. Data is not used to adjust treatment during delivery.	Therapist uses a somewhat defined system to monitor impact of treatment during delivery. Data is used minimally to adjust treatment during delivery.	Therapist uses a clearly defined system for monitoring impact of treatment during delivery. Data is used regularly to adjust treatment during delivery.	Therapist has a sophisticated system for monitoring impact of treatment during delivery, and this system is shared with critical stakeholders. Data is used regularly to adjust treatment during delivery, and these adjustments are frequently reported to stakeholders.

meet student needs.				
3e. Demonstrates responsiveness to students' needs Indicators: 1. Program plans are adapted to address emerging student needs. 2. Students feel comfortable letting Therapist know when they do not feel program services are addressing their needs. 3. Therapist uses multiple forms of data to identify how effectively program services align with students' needs. 4. The services program is designed to be both responsive and flexible.	Therapist follows the planned program for service delivery, regardless of whether or not it continues to adequately address students' needs. Developmental levels, cultural proficiency, and linguistic levels are not taken into consideration.	Moderate changes are made to the treatment plan when emerging needs foster a new view of the treatment. Developmental levels, cultural proficiency, and linguistic levels are taken into consideration in a limited way.	Moderate changes are made to the treatment plan when emerging needs foster a new view of the treatment. Developmental levels, cultural proficiency, and linguistic levels are taken into consideration in a limited way.	Therapist regularly reviews the implementation and impact of the planned treatment, integrating this analysis with input from critical stakeholders, to inform ongoing revisions to the treatment plan. Developmental levels, cultural proficiency, and linguistic levels are critical factors in shaping revised plans.

Domain 4: Professional Responsibilities

Criteria	Ineffective	Partially Effective	Effective	Highly Effective
4a. Reviews and reflects on practice to inform recommendations for improvement Indicators: 1. Therapist identifies overall program impact,	Therapist either does not reflect on practice or provides inaccurate recommendations for improvement.	Therapist's reflections are generally accurate and focused on the effectiveness of services delivery. Recommendations are often too global to inform any meaningful recommendations for improvement.	Therapist accurately reflects on the implementation and impact of the therapeutic services, providing concrete and specific examples of challenges and successes. Recommendations are specific and focused on program improvement.	Therapist's reflections are both specific and perceptive, not only citing evidence for the reflections, but also applying professional judgment to determine why goals were or were not met.

citing specific examples as evidence. **2. Therapist identifies program challenges and makes recommendations to address these.** **3. Therapist presents concrete recommendations to improve program implementation and impact.** **4. Therapist and client reflect on the success of the therapeutic services, identifying areas for improvement.**				Recommendations are specific and focused on ongoing program improvement.
4b. Keeps accurate records and writes timely and appropriate reports **Indicators:** **1. Therapist takes notes and writes reflections after services are provided.** **2. Notes reflect both challenges and growth for individuals and groups of students.** **3. Therapist develops timely and accurate treatment**	Therapist keeps minimal or no records of services provided. Program reports are inadequate or inappropriate for the intended audience.	Therapist keeps some records of services provided. Reports are often inappropriate for the intended audience but usually accurate.	Therapist keeps records of student growth and needs from each of the services provided. Treatment reports are timely, accurate, and appropriate for the intended audience.	Therapist keeps records of student growth and needs from all services provided and incorporates data from other sources to inform next steps. Treatment reports are timely, accurate, comprehensive, and specifically developed for the intended audience.

reports. **4. Treatment reports are appropriate for the intended audience.**				
4c. Communicates effectively with families/caregivers **1. Therapist explains the goals, processes, and procedures of the planned program to families/caregivers.** **2. Therapist ensures that communication to families/caregivers is provided in the appropriate language.** **3. Therapist uses cultural sensitivity in presenting information to families/caregivers.** **4. Therapist presents documentation showing consent by families/caregivers for the services provided.**	Therapist does not effectively explain the goals, processes, and procedures of the therapeutic program in ways that are clear and appropriate for the students and their families/caregivers. Necessary permissions for services are not secured.	The goals, processes, and procedures of the therapeutic program are presented to students and their families/caregivers in ways that are only partially successful. Necessary permissions are obtained, but the reasons for the identified services are not always made clear.	The goals, processes, and procedures of the therapeutic program are presented to students and their families/caregivers in ways that are both appropriate and culturally and linguistically sensitive. Consent for the services are provided.	Therapist provides oral and written information to families/caregivers in ways that are appropriate and culturally and linguistically sensitive, and reaches out to ensure the information is understood. Families/caregivers provide informed consent for the services.
4c. Communicates effectively with families/caregivers **1. Therapist explains the goals, processes, and procedures of the planned program to families/caregivers.** **2. Therapist ensures that communication to**	Therapist does not effectively explain the goals, processes, and procedures of the therapeutic program in ways that are clear and appropriate for the students and their families/caregivers. Necessary permissions for services are not secured.	The goals, processes, and procedures of the therapeutic program are presented to students and their families/caregivers in ways that are only partially successful. Necessary permissions are obtained, but the reasons for the identified services are not always made clear.	The goals, processes, and procedures of the therapeutic program are presented to students and their families/caregivers in ways that are both appropriate and culturally and linguistically sensitive. Consent for the services is provided.	Therapist provides oral and written information to families/caregivers in ways that are appropriate and culturally and linguistically sensitive, and reaches out to ensure the information is understood. Families/caregivers provide informed consent for the services.

families/caregivers is provided in the appropriate language. **3. Therapist uses cultural sensitivity in presenting information to families/caregivers.** **4. Therapist presents documentation showing consent by families/caregivers for the services provided.**				
4d. Engages with the larger school and district community **Indicators:** **1. Therapist seeks opportunities to be an active and productive team player in the school and district.** **2. Therapist's professional relationships with school and district professionals focus on working together to best address the needs of all students.** **3. School and district professionals welcome the participation and engagement of the Therapist on committees and at events.** **4. Therapist's contributions**	Therapist does not participate in school or district committees, projects, and/or events. Professional relationships with peers are distant or negative.	Therapist does not participate in school or district committees, projects, and/or events. Professional relationships with peers are distant or negative.	Therapist does not participate in school or district committees, projects, and/or events. Professional relationships with peers are distant or negative.	Therapist seeks opportunities to engage in school and district events, projects, and/or committees and makes significant contributions to these, often taking a leadership role.

are valued by the school and district staff.				
4e. Enhances professional capacity through ongoing professional learning Indicators: **1. Therapist seeks professional learning opportunities within the school.** **2. Therapist seeks professional learning opportunities beyond the school district.** **3. Therapist informally shares new learning and skills with colleagues.** **4. Therapist provides workshops to share new learning and skills with colleagues.**	Therapist does not participate in professional learning.	Therapist participates only in professional learning that is required by the district or state and does not share any professional learning with colleagues.	Therapist seeks and engages in professional learning opportunities and schedules opportunities to share the professional learning with colleagues.	Therapist seeks out formal and informal professional learning opportunities, including feedback from colleagues, and applies this learning to improve service delivery and to increase the professional knowledge and skills of colleagues.
4f. Demonstrates high standards of professionalism Indicators: **1. Therapist does not engage in discussions about clients that may violate their confidentiality in any way.** **2. Therapist promotes concerns about confidentiality among the faculty.**	Therapist's professional interactions are marked by lack of honesty and questionable integrity. Basic principles of confidentiality and school/district regulations and/or requirements are violated.	Therapist is generally honest with stakeholders and typically acts with integrity. Confidentiality is honored, but school/district regulations are inconsistently addressed.	Therapist's interactions are marked by honesty and integrity in the service of all clients. School/district regulations and confidentiality are observed.	Therapist displays the highest standards of honesty and integrity, challenging negativity and/or lack of integrity in any aspect of the service delivery. School/district regulations and confidentiality are consistently observed.

3. Therapist provides accurate and honest information about the services and their impact. **4. All school and district regulations are observed.**				

School Nurse Evaluation Instrument

Domain 1: Planning and Preparation

Criteria	Ineffective	Partially Effective	Effective	Highly Effective
1a: Demonstrating medical knowledge and skill in nursing techniques.	Nurse demonstrates little understanding of medical knowledge and nursing techniques.	Nurse demonstrates basic understanding of medical knowledge and nursing techniques.	Nurse demonstrates understanding of medical knowledge and nursing techniques.	Nurse demonstrates deep and thorough understanding of medical knowledge and nursing techniques. 1. Calculation of medication dosage based on the doctor's orders. 2. Determining if a student needs referral for drug or alcohol screening.
1b. Demonstrating knowledge of child and adolescent development	Nurse displays little or no knowledge of child and adolescent development.	Nurse displays partial knowledge of child and adolescent development.	Nurse displays accurate understanding of the typical developmental characteristics of the age group, as well as exceptions to the general patterns.	Nurse's goals for the nursing program are highly appropriate to the situation in the school and to the age of the students and have been developed following consultations with students, parents, and colleagues. 1. Teaching responsibility 2. Educating to enable independence with their health care.
1c. Establishing goals for the nursing program appropriate to the setting and the students served	Nurse has no clear goals for the nursing program, or they are inappropriate to either the situation or the age of the students.	Nurse's goals for the nursing program are rudimentary and are partially suitable to the situation and the age of the students.	Nurse's goals for the nursing program are clear and appropriate to the situation in the school and to the age of the students.	Nurse's goals for the nursing program are highly appropriate to the situation in the school and to the age of the students and have been developed following consultations with students, parents, and colleagues. 1. Educating students, staff and families on the state's exclusion criteria of students. 2. Tracking of symptoms to prevent outbreak. 3. Health Screenings, referrals, and follow-up.

1d. Demonstrating knowledge of government, community, and district regulations and resources	Nurse demonstrates little or no knowledge of governmental regulations and resources for students available through the school or district.	Nurse displays awareness of governmental regulations and resources for students available through the school or district, but no knowledge of resources available more broadly.	Nurse displays awareness of governmental regulations and resources for students available through the school or district and some familiarity with resources external to the school.	Nurse's knowledge of governmental regulations and resources for students is extensive, including those available through the school or district and in the community. 1. Timely reporting of the students' absences, via Communicable Disease Reporting & Surveillance System (CDRSS). 2. Accurate reporting of the diagnosis or symptoms of the communicable diseases to local health departments.
1e. Planning the nursing program for both individuals and groups of students, integrated with the regular school program	Nursing program consists of a random collection of unrelated activities, lacking coherence or an overall structure.	Nurse's plan has a guiding principle and includes a number of worthwhile activities, but some of them don't fit with the broader goals.	Nurse has developed a plan that includes the important aspects of work in the setting.	Nurse's plan is highly coherent and serves to support not only the students individually and in groups, but also the broader educational program.
Domain 2: Environment				
Criteria	**Ineffective**	**Partially Effective**	**Effective**	**Highly Effective**
2a. Creating an environment of respect and rapport	Nurse's interactions with at least some students are negative or inappropriate.	Nurse's interactions with students are a mix of positive and negative.	Nurse's interactions with students are positive and respectful.	Students seek out the nurse, reflecting a high degree of comfort and trust in the relationship.
2b. Establishing a culture for health and wellness	Nurse makes no attempt to establish a culture for health and wellness in the school as a whole, or among students or among teachers.	Nurse's attempts to promote a culture throughout the school for health and wellness are partially successful.	Nurse promotes a culture throughout the school for health and wellness.	The culture in the school for health and wellness, while guided by the nurse, is maintained by both teachers and students. 1. Follows and implements the New Jersey Department of Health (NJDOH) guidelines regarding the school exclusion list for communicable diseases.

2c. Following health protocols and procedures.	Nurse's procedures for the nursing office are nonexistent or in disarray.	Nurse has rudimentary and partially successful procedures for the nursing office.	Nurse's procedures for the nursing office work effectively.	Nurse's procedures for the nursing office are seamless, anticipating unexpected situations. 1. Follows and implements the current SCHOOL NURSING PRACTICE IN NEW JERSEY'S PUBLIC SCHOOLS (NJSSNA) 2. Implementation of the UCESC Board Policies.
2d. Organizing physical space	Nurse's office is in disarray or is inappropriate to the planned activities. Medications are not properly stored.	Nurse's attempts to create a well-organized physical environment are partially successful. Medications are stored properly but are difficult to find.	Nurse's office is well organized and is appropriate to the planned activities. Medications are properly stored and well organized.	Nurse's office is efficiently organized and is highly appropriate to the planned activities. Medications are properly stored and well organized. 1. Creating a welcoming environment and providing privacy.
Domain 3: Instruction				
Criteria	**Ineffective**	**Partially Effective**	**Effective**	**Highly Effective**
3a. Assessing student needs	Nurse does not assess student needs, or the assessments result in inaccurate conclusions.	Nurse's assessments of student needs are perfunctory.	Nurse assesses student needs and knows the range of student needs in the school.	Nurse conducts detailed and individualized assessment of student needs to contribute to care planning. 1. Obtaining timely and accurate assessments of symptoms.
3b. Administering medications to students	Medications are administered with no regard to state or district policies.	Medications are administered by designated individuals, but signed release forms are not conveniently stored.	Medications are administered by designated individuals, and signed release forms are conveniently stored and available when needed.	Medications are administered by designated individuals, and signed release forms are conveniently stored. Students take an active role in medication compliance. 1. Updated Medication Administration Record- Genesis software, and hard copy. 2. Adherence to medication storage and disposal policies.

				3. Medical orders are up-to-date.
3c. Promoting wellness through classes or individual teaching.	Nurse's work with student and/or with family fails to promote wellness.	Nurse's efforts to promote wellness through classroom presentations are partially effective.	Nurse's classroom presentations result in students acquiring the knowledge and attitudes that help them adopt a healthy lifestyle.	Nurse's classroom presentations for wellness are effective, and students assume an active role in the school in promoting a healthy lifestyle. 1. Students show independence in maintaining a healthy lifestyle.
3d. Managing emergency situations	Nurse has no contingency plans for emergency situations.	Nurse's plans for emergency situations have been developed for the most frequently occurring situations but not others.	Nurse's plans for emergency situations have been developed for many situations.	Nurse's plans for emergency situations have been developed and shared with staff. Students and teachers have learned their responsibilities in case of emergencies. 1. Asthma Treatment Plan 2. Seizure Action Plan: Paul's Law 3. Food Allergy And Anaphylaxis Emergency Care Plan 4. Individualized Health Care Plan (IHP)
3e. Demonstrating flexibility and responsiveness	Nurse adheres to the plan or program, in spite of evidence of its inadequacy.	Nurse makes modest changes in the nursing program when confronted with evidence of the need for change.	Nurse makes revisions in the nursing program when they are needed.	Nurse is continually seeking ways to improve the nursing program and makes changes as needed in response to student, parent, or teacher input.
3f. Collaborating with teachers to develop specialized educational programs and services for students with diverse medical needs	Nurse declines to collaborate with classroom teachers to develop specialized educational programs.	Nurse collaborates with classroom teachers in developing instructional lessons and units when specifically asked to do so.	Nurse initiates collaboration with classroom teachers in developing instructional lessons and units.	Nurse initiates collaboration with classroom teachers, families and healthcare providers in developing instructional lessons and units, locating additional resources from outside the School.

Domain 4: Professional Responsibilities

Criteria	Ineffective	Partially Effective	Effective	Highly Effective
4a. Reflecting on practice	Nurse does not reflect on practice, or the reflections are inaccurate or self-serving	Nurse's reflection on practice is moderately accurate and objective without citing specific examples and with only global suggestions as to how it might be improved.	Nurse's reflection provides an accurate and objective description of practice, citing specific positive and negative characteristics. Nurse makes some specific suggestions as to how the nursing program might be improved.	Nurse's reflection is highly accurate and perceptive, citing specific examples. Nurse draws on an extensive repertoire to suggest alternative strategies.
4b. Maintaining health records in accordance with policy and submitting reports in a timely fashion.	Nurse's reports, records, and documentation are missing, late, or inaccurate, resulting in confusion.	Nurse's reports, records, and documentation are generally accurate, but are occasionally late.	Nurse's reports, records, and documentation are accurate and are submitted in a timely manner.	Nurse's approach to record keeping is highly systematic and efficient and serves as a model for colleagues across the school. 1. Compliance with state audits.
4c. Communicating with families	Nurse provides no information to families, either about the nursing program as a whole or about individual students.	Nurse provides limited though accurate information to families about the nursing program as a whole and about individual students.	Nurse provides thorough and accurate information to families about the nursing program as a whole and about individual students.	Nurse is proactive in providing information to families about the nursing program and about individual students through a variety of means.
4d. Participating in a professional community	Nurse's relationships with colleagues are negative or self-serving, and nurse avoids being involved in school and district events and projects.	Nurse's relationships with colleagues are cordial, and nurse participates in school and district events and projects when specifically requested to do so.	Nurse participates actively in school and district events and projects and maintains positive and productive relationships with colleagues.	Nurse makes a substantial contribution to school and district events and projects and assumes leadership role with colleagues.

4e. Engaging in professional development	Nurse does not participate in professional development activities, even when such activities are clearly needed for the development of nursing skills.	Nurse's participation in professional development activities is limited to those that are convenient or are required.	Nurse seeks out opportunities for professional development based on an individual assessment of need.	Nurse actively pursues professional development opportunities and makes a substantial contribution to the profession through such activities as offering workshops to colleagues. 1. Provide annual staff training about Communicable Diseases and Emergency Care Plans. 2. Educate students, staff and families with relevant health issues. 3. Current training materials, in accordance with the Department of Health and Department of Education. 4. CPR/AED Training for Healthcare Providers Certification is current.
4f. Showing professionalism	Nurse displays dishonesty in interactions with colleagues, students, and the public; violates principles of confidentiality.	Nurse is honest in interactions with colleagues, students, and the public; does not violate confidentiality.	Nurse displays high standards of honesty, integrity, and confidentiality in interactions with colleagues, students, and the public; advocates for students when needed.	Nurse can be counted on to hold the highest standards of honesty, integrity, and confidentiality and to advocate for students, taking a leadership role with colleagues.

Non-Public Speech Language Pathologist Evaluation Instrument

Domain 1: Planning and Preparation

Criteria	Ineffective	Partially Effective	Effective	Highly Effective
1a. Demonstrates knowledge of the discipline and of district, state, and federal guidelines and regulations **Indicators:** **1. Therapist's plans reflect the research-based content and best practices of the discipline.** **2. Plans include the use of appropriate individual, small group, and whole group activities.** **3. Program plans align with legal requirements or regulations.** **4. Therapist works with school staff to ensure students receive all services to which they are entitled.**	Therapist's plans and practices demonstrate little to no knowledge of or proficiency in the specialized area. Therapist does not demonstrate knowledge of applicable guidelines, laws, and regulations. Critical Attributes: 1. Therapist's plans lack evidence of research-based interventions; techniques used may be outdated or clinically inappropriate for the student's specific disorder. 2. Plans do not account for student-specific needs when grouping; for example, students with vastly different goals (e.g., articulation vs. AAC) are grouped together for convenience rather than therapeutic benefit. 3. Documentation (ISPs, progress reports) reflects a lack of understanding of IDEA or state-specific regulations, leading to missed timelines or incorrect coding. 4. The therapist is unaware if students are receiving their full service minutes or mandated accommodations and does not	Therapist's plans and practices evidence some knowledge of the theory and practice of the discipline. Therapist demonstrates limited knowledge of applicable guidelines, laws, and regulations. Critical Attributes: 1.Therapist utilizes some research-based practices, but their application is inconsistent or does not always align with the most current best practices in the field. 2. Plans include various group sizes, but the therapist tends to stick to a "one-size-fits-all" grouping model regardless of shifting student needs. 3. The therapist demonstrates a "check-box" understanding of legal requirements but may struggle to explain the rationale behind certain regulations or may make occasional minor errors in compliance. 4. The therapist recognizes when services are not being fully provided but has a limited repertoire of strategies to work	Therapist's plans and practices demonstrate knowledge of the theories and instructional practices of the discipline. Therapist demonstrates appropriate knowledge of applicable guidelines, laws, and regulations. Critical Attributes: 1.Plans consistently reflect current, research-based content and the therapist can articulate the "why" behind chosen therapeutic interventions. 2. Lesson and program plans clearly differentiate between individual, small group, and whole-group activities based on what will best serve the student's IEP goals. 3. The therapist maintains a high level of accuracy in all legal documentation and proactively ensures that program plans align with district and state mandates. 4. The therapist regularly communicates with classroom teachers and special education staff to ensure that students are receiving their mandated service	Therapist's plans and practices demonstrate deep knowledge of the theories of the practice and a high degree of skill in his/her intentional and creative application to the planned work. Therapist participates in framing and revising district policies and procedures and provides professional learning to help ensure colleagues also understand these. Critical Attributes: 1. The therapist demonstrates an expert-level, creative application of clinical theory, often adapting complex research into innovative, highly effective therapy sessions. 2. Plans reflect a sophisticated understanding of how to weave together various grouping styles to maximize student engagement and peer-modeling opportunities. 3. The therapist is a leader within the district, actively participating in the revision of SLP policies or

	inquire with school staff.	with staff to rectify the situation.	minutes and classroom accommodations.	procedural manuals and ensuring the department stays ahead of regulatory changes. 4. The therapist initiates professional learning sessions for school staff to ensure all colleagues understand their roles in service delivery, ensuring no student's needs "fall through the cracks."

1b. Uses knowledge of his/her specialty area to plan programs that meet students needs **Indicators:** **1. Therapist uses research-based practices to guide and support student development.** **2. Therapist's plans reflect the research -based content and best practices of the discipline.** **3. Plans include the use of appropriate individual, small group, and whole group activities.** **4. Therapist provides evidence of appropriate certification.**	Therapist's plans and practices display minimal knowledge of typical developmental characteristics, skills, and needs of students in his/her specialty. Therapist's plans and practices display minimal knowledge of disabilities of students. Critical Attributes: 1. Therapist's plans do not account for the specific communication disorders of the students; materials used are often not age-appropriate or clinically relevant to the student's goals. 2. Therapist fails to demonstrate an understanding of how a student's specific disability (e.g., Autism, Developmental Language Disorder) impacts their social behavior or academic performance. 3. Therapy plans lack evidence of current research-based interventions or best practices in the field of speech-language pathology. 4. Therapist does not provide evidence of current state licensure or national certification (e.g., ASHA CCCs).	Therapist's plans and practices display general knowledge of developmental characteristics, skills, and needs of students as a whole group in his/her specialty. Therapist's plans and practices display general understanding of disabilities of students. Critical Attributes: 1. Therapist plans for the "average" student with a specific diagnosis (e.g., using the same activity for all students with articulation goals) rather than tailoring to the individual's specific phonological profile. 2. Therapist understands a student has a disability but does not consistently translate that knowledge into specific therapeutic supports or classroom modifications. 3. Therapist uses some research-based practices, but their application is inconsistent or not clearly linked to the student's specific data or needs. 4. Therapist maintains current certification but rarely incorporates new professional learning or updated clinical research into their program planning.	Therapist's plans and practices display solid understanding of developmental characteristics, skills, and needs of each individual student in his/her specialty. Therapist's plans and practices display solid understanding of how disabilities impact students' attitudes, behaviors, and performances. Critical Attributes: 1. Therapist's plans are specifically tailored to the individual developmental characteristics, cognitive levels, and communication skills of each student. 2. The therapist provides clear evidence of how they have adapted their practices to address how a student's specific impairment impacts their classroom attitudes, behaviors, and social-emotional performance. 3. Plans and practices are consistently grounded in evidence-based practice (EBP), reflecting a solid understanding of current clinical research. 4. The therapist maintains all required certifications and can	Therapist's plans and practices take into account characteristics, skills, and needs of each individual student. Therapist uses this knowledge to create meaningful and realistic opportunities and to differentiate instruction. Critical Attributes: 1. Plans demonstrate sophisticated differentiation, where the therapist uses their deep knowledge of an individual student's strengths and interests to overcome barriers created by their disability. 2. Therapist creates "meaningful and realistic" opportunities by planning therapy that connects clinical goals to functional, real-world school environments (e.g., the cafeteria, playground, or vocational settings). 3. Therapist proactively identifies potential barriers to a student's success and builds scaffolds into the program plan before issues arise. 4. The therapist serves as a specialist resource to the school community, helping other staff members understand and support the individual developmental needs of students with communication disorders.

			demonstrate how recent professional development has informed their current student plans.	
1c. Establishes clear therapeutic goals to address the needs of the students served **Indicators:** **1. Therapeutic goals are developed for individual students as well as for groups of students.** **2. Therapeutic goals are clearly defined.** **3. The goals are chronologically appropriate for the students served.** **4. Therapeutic goals are appropriate to address the service needs of the students.**	Therapeutic goals are not clear or are too low-level and/or too vague for the students' ages or conditions. Critical Attributes: 1. Goals lack specific measurable criteria (e.g., "Student will improve language skills") or fail to identify the specific communication modality (e.g., verbal, AAC, signs) being addressed. 2. Goals are significantly above or below the student's chronological age or cognitive ability (e.g., targeting complex figurative language for a student who has not yet mastered basic sentence structure). 3. Goals do not address the primary deficit areas identified in the evaluation, leading to therapy that does not support the student's functional communication needs. 4. Goals for students within a group are so disparate that the therapist cannot effectively address them within a shared	Therapeutic goals are somewhat clear and appropriate for the ages and needs of some of the students. Critical Attributes: 1. Some goals are well-defined, while others remain broad or difficult to measure reliably across different sessions or by different providers. 2. Goals are appropriate for the student's diagnosis in a general sense (e.g., "standard" articulation goals) but are not finely tuned to the student's specific academic or social environment. 3. Most goals align with the student's needs, but there are noticeable gaps where certain functional requirements—such as classroom participation—are overlooked. 4. Group goals are present but follow a "one-size-fits-all" approach, lacking the nuance to allow for differentiated levels of participation within the group.	Therapeutic goals are clearly defined and appropriately designed for the ages and needs of the students served. Critical Attributes: 1. Goals are Specific, Measurable, Achievable, Relevant, and Time-bound, clearly identifying the target skill, the level of support needed, and the criteria for mastery. 2. Goals are precisely tailored to the student's chronological age and developmental stage, ensuring they are challenging yet attainable. 3. Every goal is clearly linked to the student's identified needs and focuses on improving their ability to access the curriculum or interact socially with peers. 4. Therapeutic goals for group sessions are designed to allow students to work toward their individual targets through shared, cohesive activities.	Therapeutic goals are crisply defined and highly appropriate for informing a wide range of aligned program activities that address the needs and ages of the students served. Critical Attributes: 1. Goals are articulated with such clarity and depth that they naturally suggest a variety of creative, aligned therapeutic activities that can be implemented in the therapy room and the classroom. 2. Goals clearly bridge the gap between clinical speech needs and the student's ability to succeed in the general education curriculum (e.g., aligning vocabulary goals with grade-level science or social studies themes). 3. Goals represent high expectations and include a clear trajectory for fading prompts, moving the student toward independent communication. 4. Goals are developed in

	session, resulting in "babysitting" for some students while one is served.			consultation with classroom teachers, parents, or the student (when appropriate) to ensure they address the highest-priority communication barriers in the student's daily life.
1d. Identifies resources both within and outside the school and district **Indicators:** **1. Therapist identifies resources for students that are available within the school.** **2. Therapist identifies resources for the students and the program that are available within the district.** **3. Therapist identifies resources for the program that are available beyond the school/district.** **4. Therapist identifies specific resources needed to support students and seeks these out.**	Therapist does not demonstrate knowledge of school or district resources to support the program and students and makes no attempts to gain this knowledge. Critical Attributes: 1. Therapist is unaware of building-level supports that could assist students, such as the school counselor, reading specialist, or RTI/MTSS team. 2. Therapist is unfamiliar with district-level assets, such as the Assistive Technology (AT) team, AAC lending libraries, or specialized diagnostic equipment. 3. Therapist makes no effort to identify community-based resources (e.g., local clinics, university speech-language-hearing centers, or support groups) for families. 4. The therapy program relies solely on inherited or outdated materials; the therapist does not seek out new professional	Therapist demonstrates limited knowledge of school or district resources available to support the program and students. Therapist makes limited attempts to develop this knowledge. Critical Attributes: 1. Therapist knows school-based specialists exist but rarely collaborates with them or refers students to their services. 2. Therapist is aware of district resources but is unsure of the protocol for accessing them (e.g., how to request an AT evaluation or borrow specialized materials). 3. Therapist has a general idea of external resources but lacks specific, up-to-date contact information or referral processes to provide to parents. 4. Therapist occasionally looks for new resources or professional development but does not systematically integrate these findings into the therapy program.	Therapist is knowledgeable of resources available to support the program and students within the school and district and has some understanding of resources beyond these. Therapist continually seeks additional resources to support the program and students. Critical Attributes: 1. Therapist regularly coordinates with school-based staff (e.g., occupational therapists, social workers) to provide holistic support for students. 2. Therapist effectively utilizes district-level resources, such as specialized evaluation protocols, software subscriptions, and district-wide professional development. 3. Therapist maintains a working list of community resources, such as pediatricians, audiologists, and	Therapist has deep and extensive knowledge of available resources within and external to the school and district. Therapist works closely with key stakeholders to identify additional resources. Critical Attributes: 1. Therapist serves as a key link between the school and external agencies (e.g., private providers, medical centers) to ensure a seamless transition of care and services for students. 2. Therapist identifies gaps in current district resources and works with administration to secure new tools, such as grants for sensory equipment or updated AAC technology. 3. Therapist shares extensive resource knowledge with colleagues by leading professional learning sessions or creating resource guides for the district. 4. Therapist works closely with community stakeholders and

	literature or digital clinical tools.		regional health agencies, to support families. 4. Therapist stays current with evidence-based practice by accessing professional journals, online clinical databases, and state/national association resources (e.g., ASHA).	parent advocacy groups to identify and create new opportunities (e.g., community social-skills groups) for students with communication needs.
1e. Develops plans to assess and improve the therapeutic services offered to students **Indicators:** **1. Therapist has a clearly defined plan to assess the impact of the therapeutic services.** **2. Impact is assessed relative to goals for therapy.** **3. Evidence of impact informs improvement of therapeutic services.** **4. Assessment and improvement strategies are documented.**	No plans have been developed to assess and improve the therapeutic services offered to individuals or groups of students. Critical Attributes: 1. Therapist lacks a systematic method for tracking student progress toward ISP goals during sessions. 2. Therapeutic activities remain the same week after week, even when a student is failing to make progress or has already mastered a skill. 3. There is no written evidence or "session notes" explaining how data is being used to evaluate the effectiveness of the intervention. 4. The therapist only considers changes to the program when prompted by an annual review or a formal complaint, rather than through ongoing assessment.	Therapist has developed a limited approach to assessing and improving the therapeutic services offered to individuals or groups of students. Critical Attributes: 1. Data is collected sporadically, making it difficult to see long-term trends in student performance or the true impact of the therapy. 2. Therapist makes minor changes to therapy (e.g., switching a game) but does not necessarily change the clinical approach or prompt level based on evidence. 3. Progress reports are completed, but they often summarize performance without providing a plan for how to improve or accelerate growth in the next period. 4. The therapist recognizes when a service is not working but struggles to identify why or what specific research-based alternative should be implemented.	Therapist has developed a clear plan to assess the processes and impact of the services offered to individuals or groups of students and to use the evidence of impact to frame improvements. Critical Attributes: 1. Therapist uses a clear, organized system for collecting data in every session, directly linked to the student's specific therapeutic goals. 2. Therapist regularly analyzes data trends to "course-correct," adjusting cues, materials, or therapeutic techniques to better meet student needs. 3. Therapy logs and progress notes clearly articulate the rationale for changes in the program based on the evidence collected. 4. The therapist can clearly demonstrate how the specific therapeutic activities chosen have led to measurable gains in the student's communication abilities.	Therapist has developed a plan for ongoing review and refinement of the services offered to individuals or groups of students, incorporating the recommendations of students and other stakeholders. Critical Attributes: 1. Therapist actively seeks feedback from students, parents, and classroom teachers to determine if therapy is "generalizing" to the real world and adjusts plans based on that feedback. 2. Therapist engages in regular self-assessment or peer-review (e.g., recording sessions or seeking mentorship) to refine their own clinical skills and service delivery. 3. Therapist identifies patterns across their entire caseload (e.g., a need for better AAC support in the cafeteria) and develops a plan to improve services at the building or district level. 4. Students are encouraged to track their own progress toward goals,

				fostering a sense of agency and providing the therapist with direct insight into the student's perspective on the service's impact.
1f. Develops and promotes referral processes and procedures **Indicators:** **1. Referral processes and procedures are clearly codified.** **2. Therapist communicates the processes and procedures to all stakeholders.** **3. Teachers understand how to refer a student for services.** **4. Families/caregivers indicate that they understand the referral process.**	There is no evidence of processes and procedures to guide referrals to the therapeutic program. Critical Attributes: 1. No formal referral forms, checklists, or written protocols exist for teachers or parents to initiate a request for help. 2. School staff express confusion or frustration because they do not know who to talk to or what data to collect when a student is struggling with communication. 3. Referrals are handled haphazardly (e.g., through hallway conversations or sticky notes), leading to lost information or missed legal timelines. 4. Caregivers are not informed of their rights or the steps involved in the referral process, resulting in a lack of transparency.	Therapist has developed a rudimentary set of processes and procedures to guide referrals, but families/caregivers and teachers do not understand them. Critical Attributes: 1. A referral form exists, but it is confusing, asks for irrelevant information, or does not provide clear instructions on where to submit it. 2. The therapist has created a process but has not proactively trained the staff on it, leading to incorrectly completed referrals. 3. Referral information is buried in a handbook or digital folder that is difficult for parents or new staff members to find. 4. The therapist waits for others to ask about the process rather than presenting it at staff meetings or orientation events.	Referral processes and procedures are well defined. All stakeholders know and understand what to do to refer a student. Critical Attributes: 1. Referral protocols are clearly written, step-by-step, and include "pre-referral" strategies (e.g., RTI/MTSS interventions) for teachers to try first. 2. The therapist provides clear, accessible handouts or digital resources to all teachers and families explaining the "who, what, and how" of the referral process. 3. Classroom teachers can accurately describe the criteria for a speech-language referral and know exactly which forms to use. 4. Caregivers report feeling informed and supported; they understand the timeline and the purpose of the referral once it is initiated.	Therapist develops referral processes and procedures in collaboration with school staff. Referral processes and procedures are effectively communicated and understood by all. Critical Attributes: 1. The referral process was created or refined with input from a multidisciplinary team (teachers, admin, OTs, psychs) to ensure it integrates seamlessly with school-wide systems. 2. The therapist conducts "office hours" or training workshops to help staff and parents identify the difference between normal language acquisition (e.g., second language learning) and a true communication disorder. 3. Referral information is promoted through multiple creative channels, such as the school website, newsletters in multiple languages, or "Child Find" community events. 4. The therapist regularly reviews the referral data to identify if certain populations are over- or under-represented and adjusts the procedure to ensure equitable access for all students.

Domain 2: The Learning Environment

Criteria	Ineffective	Partially Effective	Effective	Highly Effective
2a. Knows and develops positive and respectful interactions with students Indicators: **1. Therapist models the expected behaviors by treating all students in respectful and caring ways.** **2. There is a marked absence of sarcasm, put-downs, and any form of negative interactions or bullying among the students.** **3. Therapist and students demonstrate genuine concern and caring for each other.** **4. Students indicate that they feel safe in the program environment.**	Therapist does not know the students served and does not exhibit respectful and caring interactions with them. Students do not appear comfortable in the therapeutic setting. Critical Attributes: 1. Therapist does not use students' names or consistently mispronounces them; interactions are purely transactional and lack warmth or personal connection. 2. The therapist uses a harsh, impatient, or sarcastic tone, especially when a student struggles with a speech task or fails to follow a direction. 3. Therapist makes disparaging remarks about a student's communication or behavior, or allows other students to tease a peer about their speech errors or AAC use. 4. Students appear hesitant to take risks or practice difficult sounds because the therapist reacts to errors with frustration rather than support.	Therapist's interactions with students are generally appropriate, but there is limited success in promoting respectful and caring interactions among the youngsters. Therapist typically respects the cultural and linguistic diversity of the students, but there are some indicators of insensitivity. Levels of rapport vary. Critical Attributes: 1. The therapist is generally polite but knows very little about the students' lives, interests, or cultural backgrounds outside of their IEP goals. 2. The therapist stops negative student-to-student interactions (like "shushing" or eye-rolling) but does not provide the students with tools to interact more respectfully. 3. The therapist occasionally acknowledges a student's home language or dialect but may inadvertently treat it as "incorrect" rather than a cultural difference. 4. Some students feel comfortable, while others—particularly those with more significant communication or behavioral needs—seem disconnected or overlooked.	Therapist models and promotes respectful and supportive interactions with each student, actively encouraging students to interact with each other in respectful and caring ways. Therapist respects and celebrates the cultural and linguistic differences among the students. Adult/student rapport is high. Critical Attributes: 1. Therapist greets students warmly and references their personal interests, strengths, and cultural heritage, building a foundation of trust. 2. Therapist explicitly teaches and models how to be a "supportive listener" (e.g., waiting patiently for a peer to process a thought or finish a sentence on an AAC device). 3. The therapy room is a "brave space" where students feel safe making speech errors or using new communication strategies because the therapist treats mistakes as a natural part of learning. 4. Therapist demonstrates a clear respect for the student's home language or dialect, helping the student understand the concept of "code-switching" or "situational communication" without devaluing their primary identity.	Students and Therapist collaborate to maintain the positive climate promoted by the Therapist. Students monitor their own interactions to ensure they are both respectful and supportive. Therapist continues to model respectful and supportive interactions, continuously promoting and supporting respect for diversity. Critical Attributes: 1. Students spontaneously encourage one another (e.g., a student saying, "It's okay, take your time, I'm listening") without being prompted by the therapist. 2. The therapist and students together create a climate that actively celebrates diverse ways of communicating; the room feels like a partnership rather than a top-down clinical session. 3. Therapist proactively incorporates students' cultural and linguistic backgrounds into the therapeutic process, using them as assets to bridge communication gaps. 4. Students show high levels of confidence and are willing to attempt very challenging communication tasks because they know the therapist and their peers fully support them.

2b: Establishing a Culture for Therapy **Establishing a Culture for Therapy creates a clinical environment where communication is deeply valued and high expectations for student growth are the norm. It shifts the focus from simple task compliance to a space where both the therapist and student are invested in the hard work, persistence, and pride required to master new communication skills.** **Indicators:** **1. Importance of therapeutic work and the discipline of communication.** **2. Expectations for high-level participation and achievement.** **3. Student pride in their communication progress and effort.** **4. Clinical rigor and persistence in overcoming communication barriers.**	The therapist conveys a negative or indifferent culture toward therapy. Students do not understand the purpose of their goals, and there is a lack of clinical rigor. Expectations for student success are low. Critical Attributes: 1. Therapist treats therapy sessions as "playtime" or a break from class, with little to no connection made between activities and the student's communication goals. 2. Therapist accepts low-effort or incorrect responses from students without providing corrective feedback or appropriate scaffolding to reach the target. 3. Students appear bored, disengaged, or unaware of why they are in the speech room, often asking when the session will be over. 4. The therapist expresses a "compliance-only" attitude, focusing on finishing the activity rather than the quality of the student's communication. 5. Students show no investment in their own data or progress and seem indifferent to whether they master a skill or not.	The therapist communicates the importance of therapy, but the culture is inconsistent. Students are generally compliant but may not be fully invested in the clinical work or understand its long-term value. Critical Attributes: 1. Therapist occasionally mentions the student's goals, but the connection between the therapy task and the student's academic or social success is not consistently clear. 2. Therapist maintains moderate expectations, but may "settle" for approximate responses too quickly rather than pushing for the student's highest level of precision. 3. Students complete the tasks requested of them but show little intrinsic motivation or curiosity about their own communication development. 4. The environment is polite and functional, but it lacks a sense of clinical urgency or excitement about the progress being made. 5. Therapist acknowledges student effort but does not consistently teach the persistence needed to handle difficult communication breakdowns.	The therapist establishes a culture of high expectations and clinical rigor. Students understand the value of their work and show pride in their communication gains. Critical Attributes: 1. Therapist consistently and clearly articulates the "why" behind activities, linking clinical drills to the student's ability to participate in class or interact with friends. 2. Therapist maintains high expectations for all students, providing precise cues and scaffolding to ensure students reach their communication targets with the appropriate level of challenge. 3. Students are actively engaged in the work and demonstrate "clinical grit," showing a willingness to try again when they are not understood. 4. The therapist celebrates hard work and the process of learning, leading students to show visible pride when they master a difficult sound, concept, or strategy. 5. Therapist uses a variety of motivational strategies that go beyond "games," fostering a genuine interest in the discipline of speech and language.	Both the therapist and students internalize a culture of clinical excellence. Students take significant ownership of their communication goals and advocate for their own needs. Critical Attributes: 1. Students can articulate exactly what they are working on and why it matters to their life outside the therapy room, demonstrating a deep understanding of the value of the discipline. 2. The therapist's passion for communication is contagious, creating an environment where students feel safe taking major risks with new communication modalities or difficult social interactions. 3. Students take the lead in monitoring their own progress, such as asking to record themselves, self-correcting their errors, or identifying their own successes before the therapist mentions them. 4. The environment is characterized by high levels of clinical rigor where students persist through complex communication tasks with minimal frustration and high levels of resilience. 5. Students show a "transfer of learning" mindset, frequently sharing with the therapist how they used their strategies in the "real world" and seeking feedback on those interactions.

2c Managing Therapy Procedures ensures the clinical environment operates with precision and predictability. By establishing internalized routines for transitions, material handling, and session flow, the therapist minimizes administrative distractions and maximizes the time spent on active communication intervention. **Indicators:** **1. Smooth functioning of therapeutic routines: Students know how to enter the room, find their materials, and start their "check-in."** **2. Maximizing therapy time: Little or no loss of "table time" due to searching for data sheets, games, or reinforcers.** **3. Student role in routines: Students help manage their own folders, AAC devices, or token boards.** **4. Transition efficiency: Seamless movement between "drill work" and "naturalistic play" or between the therapy room and the classroom.**	Much therapy time is lost due to inefficient routines. There is little evidence that the therapist has a system for managing small groups or handling materials. Students appear confused about what to do upon arrival, and if a paraprofessional is present, they are often idle or unsure of how to support the session. Critical Attributes: If a therapist is working with one student in a group, the others are disengaged or disruptive. Transitions (e.g., moving from a board game back to speech drills) are disorganized and eat up therapy minutes. The therapist spends significant time looking for specific stimulus cards, iPad chargers, or student files during the session. A large portion of the session is spent on "logistics" rather than communication goals. Paraprofessionals accompanying students have no clear role and do not participate in the therapeutic process.	Some therapy time is lost due to partially effective routines. The therapist's management of transitions or materials is inconsistent, leading to brief disruptions. With regular prompting, students follow established routines, but they do not yet do so independently. Critical Attributes: Students not currently in a direct "turn" with the therapist are only partially engaged in a secondary task. Procedures for transitions exist (e.g., "Five more minutes of the game") but are often clunky or ignored by students. Materials are generally available, but the therapist may still fumble with tech or data collection mid-session. Therapy routines function unevenly; some days are smooth, while others feel rushed or "stalled." Paraprofessionals require frequent direction from the therapist to stay involved.	There is little loss of therapy time due to effective routines. The therapist successfully manages transitions and materials, ensuring the focus remains on communication. Students follow established routines with minimal prompting, and paraprofessionals contribute meaningfully to the session's flow. Critical Attributes: In group sessions, all students are productively engaged (e.g., one is practicing, one is self-monitoring, one is using a fidget). Transitions between different types of activities (e.g., moving from the table to the floor for a social story) are smooth. Routines for gathering and putting away folders, mirrors, or AAC devices work efficiently. The therapist has a clear "flow" to the session (Check-in → Work → Reinforcement → Wrap-up). Paraprofessionals know their role (e.g., modeling on an AAC device or prompting a student) with minimal supervision.	Therapy time is maximized through seamless, "invisible" routines. Students take initiative in the management of their own materials and transitions. They understand the therapy "loop" so well they might initiate the next step themselves. Paraprofessionals act as an extension of the therapist, making independent contributions. Critical Attributes: Students monitor their own time and stay on task with virtually no prompting. Students take the initiative to grab their own folders, set up their visual schedules, or prep their communication devices. Students themselves ensure that transitions are handled smoothly (e.g., "It's time for me to go back to class now"). Materials are managed by both the therapist and students in a highly organized, collaborative way. Paraprofessionals anticipate the therapist's needs and the student's struggles, intervening proactively without being asked.

2d. Managing Student Behavior **Standards of conduct appear to have been established, but their implementation is inconsistent. The therapist tries to monitor behavior and respond to "off-task" actions but with uneven results. The response to behavior is sometimes inconsistent—ranging from overly harsh to letting everything slide.** **Indicators:** **1. Clear standards of conduct: Expectations for the session (e.g., "listening ears," "working feet") are established and potentially supported by visuals.** **2. Positive therapeutic rapport: Absence of tension or power struggles between the therapist and student.** **3. Clinical awareness: The therapist is "with-it" and recognizes when a student is becoming frustrated or dysregulated before a meltdown occurs.** **4. Preventive action: Use of visual schedules, timers, or sensory supports to prevent behavioral escalations.** **5. Reinforcement of communication: High levels of positive reinforcement for both behavior and effort in communication.**	There appear to be no established standards of conduct, or students frequently challenge the therapist's authority. There is little monitoring of student behavior, and the therapist's response to "non-compliance" is repressive, lacks empathy, or is disrespectful to the student's dignity. Critical Attributes: The therapy environment is chaotic; the student does not know what is expected of them. The therapist ignores disruptive behavior until it becomes a crisis. The therapist responds to communication frustration with "strictness" rather than support. The therapist's response to behavior is ineffective, leading to a loss of therapeutic time. No system of reinforcement (praise, tokens, or breaks) is evident.	Standards of conduct appear to have been established, but their implementation is inconsistent. The therapist tries to monitor behavior and respond to "off-task" actions but with uneven results. The response to behavior is sometimes inconsistent—ranging from overly harsh to letting everything slide. Critical Attributes: The therapist attempts to refer to rules, but the student only complies sporadically. The therapist monitors behavior but is often "reactive" (responding after the behavior happens) rather than "proactive." The therapist's use of reinforcement is hit-or-miss; the student isn't sure when they will earn a reward or break. The therapist may use "compliance-based" language that doesn't account for the student's communication or sensory struggles. The therapist must frequently stop the therapy task to address behavior, disrupting the flow of the session.	Student behavior is generally appropriate for the developmental level. The therapist monitors behavior against established standards and uses positive reinforcement effectively. Responses to misbehavior are consistent, proportionate, respectful, and often involve "functional communication" (e.g., teaching the student to say "I'm done" instead of throwing a toy). Critical Attributes: Standards of conduct are clear and supported by routines or visual aids. The therapist frequently monitors the student's frustration levels and intervenes early. The therapist uses a consistent reinforcement system (e.g., a "First/Then" board or token economy) that the student understands. The therapist's response to behavior is respectful and maintains the student's dignity. Behavior management is integrated into the session, allowing therapy to continue with minimal interruption.	The student shows evidence of self-regulation (e.g., a student realizes they are frustrated and asks for a "break" using their communication system). The therapist uses "invisible" management—shifting the task or adding a support before the student even realizes they were about to struggle. The therapist and student have a collaborative relationship; the student may help choose the "reward" or the order of tasks. Misbehavior is treated as a "teachable moment" for communication rather than a disciplinary issue. Students in a group setting may support each other (e.g., "It's your turn to use the iPad, I'll wait").

2e. Organizes physical space to support program goals and activities **Indicators:** **1. The physical space is well organized.** **2. Students can quickly and easily access all necessary materials, supplies, and equipment and put them away in their designated spaces.** **3. The physical arrangement promotes and supports multiple program activities.** **4. Students indicate that they feel safe and comfortable in the therapeutic environment.**	The physical space is disorganized and not arranged to support program activities, compromising the achievement of program goals. Access to program resources and equipment is constrained. Critical Attributes: 1. The therapy area is disorganized, creating distractions and potential safety hazards for students with sensory or behavioral needs. 2. Tools and specialized equipment (e.g., AAC devices, test kits) are buried or stored out of reach, resulting in wasted therapy time. 3. Furniture arrangement hinders communication, such as seating that prevents clear lines of sight to the therapist's mouth for articulation work.	The physical space is safe and reasonably organized to support some program activities, but it is not flexible enough to support the various learning experiences that take place as part of the program. Students can usually locate and access resources and equipment, although time is wasted in looking for these. Critical Attributes: 1. The space is safe but lacks flexibility to easily transition between different types of tasks (e.g., table drills vs. floor-based social play). 2. Materials are generally available, but the organization system requires students to constantly ask the therapist to retrieve items for them. 3. The therapist makes basic attempts to manage the space, but environmental barriers (e.g., hallway noise, poor lighting) are not consistently addressed.	The physical space is safe and well organized to support the program activities and goals. Students can readily and independently access resources and equipment they need. Critical Attributes: 1. The therapist maximizes available space by creating distinct areas tailored to specific therapy activities (e.g., quiet testing, active play). 2. Clear visual supports and labeling allow students to independently find and put away their communication folders and tools. 3. Furniture and lighting are deliberately arranged to facilitate strong eye contact and clear visibility for speech reading and cueing. 4. Environmental distractions are actively minimized (e.g., using white noise, strategic seating) to keep students focused.	The physical space is safe and organized in a flexible and inviting manner, fully supporting program activities. The students collaborate with the Therapist to maintain the physical space and reorganize as necessary to support emerging needs. Critical Attributes: 1. The space is dynamic; students and the therapist can quickly shift furniture or materials to accommodate sudden changes in group size or activity format. 2. Students take full responsibility for the space, independently setting up specialized equipment (e.g., mounting AAC devices or FM systems) upon arrival. 3. The environment is inviting and serves as a clinical tool itself, featuring relevant, student-created visual scaffolds and "word walls." 4. Students actively suggest adjustments to the physical environment (e.g., changing seating or lighting) to better support their own learning and sensory needs.

Domain 3: Delivery of Service

Criteria	Ineffective	Partially Effective	Effective	Highly Effective
3a Communicating with Students involves clearly explaining session goals and procedures. Because the therapist's own communication is the primary clinical model, they must provide precise, multimodal directions explicitly adapted to each student's receptive language abilities, cognitive level, and cultural background. **Indicators:** **1. Clarity of therapeutic purpose: The "why" behind the activity as it relates to ISP goals.** **2. Clear directions and procedures: Specific to therapy tasks (e.g., drill work, social stories, or AAC use).** **3. Clinical accuracy: Absence of errors in speech/language models and clear explanation of therapeutic strategies.** **4. Correct and therapeutic use of language: Modeling the very skills being targeted.**	The therapeutic purpose of the session is unclear to students, and the directions for the tasks are confusing. The therapist's explanation of the speech or language target contains major clinical errors and lacks any explanation of strategies (e.g., placement cues) students might use. The therapist's spoken or written language contains errors of grammar or syntax, providing a poor model. The therapist's professional vocabulary is inappropriate or used incorrectly, leaving students confused. Critical Attributes: At no time does the therapist convey what communication goal is being targeted. Students' body language or questions indicate they don't understand the task. The therapist makes a clinical error (e.g., mismodeling a target sound) that hinders progress. Students are visibly confused about how to use therapy materials or tools. The therapist's own communication is imprecise or contains grammatical errors. The vocabulary used is culturally or	The therapist's attempt to explain the therapeutic purpose has only limited success; directions must be clarified after student confusion. The therapist's explanation of the speech/language target may contain minor errors; some portions are clear, others difficult to follow. The explanation is a monologue and does not invite students to engage or understand the strategies they need for carryover. The therapist's language is correct but the vocabulary is limited or not fully suited to the student's developmental level. Critical Attributes: The therapist provides little elaboration on how the activity helps the student's communication. The session feels like a monologue; the student is a passive participant in the "drills." The therapist makes no serious clinical errors but may miss minor opportunities for correction. Explanations are purely procedural (e.g., "Put the card here") with no strategic "how-to" (e.g., "Keep your tongue behind your teeth"). The therapist must frequently restart directions for the student to complete the task.	The therapeutic purpose of the session is clearly communicated, including how it connects to the student's broader IEP goals or classroom success. Directions are clear and may be modeled. The therapist's explanation of the communication target is scaffolded and connects with the student's life. The therapist focuses on strategies the student can use independently (carryover) and invites intellectual engagement. Language is clear, correct, and perfectly suited to the student's age and interests. Critical Attributes: The therapist explicitly states the communication goal during the session. The explanation of the target (e.g., "We are working on 'S' to help people understand you better") invites student thought. The therapist makes no clinical or content errors. The therapist describes specific strategies (e.g., visual prompts or verbal cues) and asks the student to apply them. Students engage readily with the task, showing they understand the "how" and "why."	The therapist links the session's purpose to the general curriculum or functional life skills; directions anticipate possible misunderstandings. The explanation of the communication target is thorough, developing conceptual understanding through clear scaffolding (e.g., using metaphors for breath support). Students contribute by explaining strategies to the therapist or peers and suggesting their own "reminders" for success. The therapist's language is expressive and finds every opportunity to extend the student's vocabulary. Critical Attributes: Students can explain what they are working on and why it matters in the "real world" (e.g., the playground or classroom). The therapist uses imaginative metaphors or analogies to explain complex speech concepts (e.g., "the 'snake sound'"). The therapist anticipates where a student might struggle with a sound or concept and pre-corrects. The therapist invites the student to self-correct or explain the strategy to a peer. Students suggest their own cues or

	age-inappropriate for the student.	Vocabulary is "safe" but unimaginative; academic or clinical terms are poorly explained.	The therapist models the desired speech or language behavior clearly. Vocabulary is precise and helps the student understand their own communication needs.	strategies for tackling a difficult communication challenge. The therapist uses rich, evocative language that serves as an aspirational model for the student. Students begin to use clinical or academic language correctly themselves (e.g., "I forgot my fricative!").
3b.The therapist designs and executes evidence-based interventions that are directly tied to the student's clinical needs and educational goals. This practice extends beyond the therapy room, ensuring that strategies are integrated into the classroom environment through active collaboration with teachers to remove barriers to learning. **Indicators:** **1. Clinical Alignment: Interventions are directly derived from assessment data and IEP goals.** **2. Pedagogical Collaboration: The therapist actively guides teachers in modifying the classroom environment and instructional delivery.** **3. Strategic Execution: Use of a broad repertoire of data-informed therapeutic techniques.** **4. Fidelity & Monitoring: Consistent implementation of services and ongoing monitoring of progress across settings.**	Treatment is unaligned with identified needs/goals. The therapist provides services in isolation, making no effort to collaborate with teachers or support the student within the classroom setting. Critical Attributes: 1. Interventions and activities do not match the student's specific IEP goals or current evaluation data. 2. The therapist works strictly in a "silo" (e.g., only pull-out therapy) and does not communicate with classroom teachers regarding the student's communication needs. 3. Therapy tasks rely on generic games or outdated practices rather than current, evidence-based clinical techniques. 4. There is no effort to track whether the student is generalizing communication skills outside of the therapy room.	Treatment is partially aligned with goals, but may lack relevance to the curriculum. The therapist makes minimal effort to share strategies with teachers, resulting in inconsistent support across settings. Critical Attributes: 1. Interventions address IEP goals but use generic materials that do not connect to the student's classroom curriculum or academic vocabulary. 2. The therapist occasionally shares a quick tip or worksheet with teachers but lacks a systematic, ongoing approach to collaboration. 3. The repertoire of therapeutic techniques is limited or repetitive, and the therapist struggles to adjust their approach when data shows a student is not progressing. 4. Monitoring of progress is confined entirely to the therapy room, leaving the therapist unaware of how the student is functioning in the classroom.	Treatment is effectively aligned with goals. The therapist utilizes a range of techniques in sessions and collaborates sufficiently with teachers to ensure strategies are implemented in the classroom. Critical Attributes: 1. Interventions are clearly evidence-based, directly target ISP goals, and utilize curriculum-relevant materials to bridge the gap between therapy and the classroom. 2. The therapist regularly consults with teachers, providing specific, actionable strategies for modifying classroom instruction or the environment (e.g., implementing visual schedules or adjusting teacher questioning techniques). 3. The therapist fluently employs a variety of therapeutic techniques and adjusts prompts or scaffolding based on real-time student data. 4. Implementation of accommodations and student progress is actively monitored in both the clinical setting and the general education classroom.	Treatment is comprehensive and inventive, tightly aligned to data. The therapist partners deeply with teachers to transform instructional goals and physical spaces to ensure total student access. Critical Attributes: 1. Interventions are highly individualized and innovative, seamlessly integrating clinical best practices with the specific demands of the general education curriculum. 2. The therapist and teachers act as true co-collaborators, frequently co-planning or co-teaching to ensure the physical space and instructional methods provide total, barrier-free access for the student. 3. The therapist dynamically shifts techniques using real-time, cross-setting data to accelerate student progress and maximize independence. 4. The therapist empowers teachers and students to self-monitor the fidelity of classroom accommodations, ensuring

				communication strategies are generalized across all school environments (cafeteria, playground, specials).
3c: Engaging Students in Therapeutic Learning **Indicators:** **1. Student investment: Enthusiasm, interest, and active problem-solving during communication tasks.** **2. High-level communication tasks: Tasks that require the student to monitor their own speech/language and explain their communicative choices.** **3. Persistence: Students remain motivated to practice difficult targets (e.g., a stubborn "r" sound or complex syntax) even when frustrated.** **4. Active participation: Students are the primary "communicators" in the room, rather than passively listening to the therapist.** **5. Therapeutic pacing: The session provides enough "wait time" for processing and time for self-reflection on performance.**	Therapeutic activities, materials, and resources are poorly aligned with the student's IEP goals or require only rote, repetitive responses. Student groupings (if applicable) hinder individual progress. The session has no structure, and the pace is either so slow that the student loses focus or so rushed that they cannot process the target. Critical Attributes: Students are mentally "checked out" or merely going through the motions. Tasks are limited to simple recall or repetitive drills without functional context. Materials (e.g., flashcards, apps) are babyish, over-advanced, or irrelevant to the goal. The therapist talks for most of the session while the student remains silent or passive. The session drags on a single stimulus for too long or rushes through a goal before the student can achieve a correct production.	Therapeutic tasks are partially aligned with IEP goals but require minimal effort from the student; the student is compliant but not truly engaged in the "work" of communication. Groupings are somewhat suitable. The session has a recognizable structure, but pacing issues lead to significant "downtime" or a lack of time for the student to process and correct their own errors. Critical Attributes: Some students are engaged, while others are waiting for their "turn" without a task. Tasks are a mix of rote drill and actual communication, but the student rarely explains how they are producing their targets. Engagement is largely passive; the student waits for the therapist to prompt every single response. Materials are functional but do not spark interest or require the student to think critically about their language. The therapist provides the "answer" or the "sound" too quickly, not allowing for student processing time.	Therapeutic activities are fully aligned with IEP goals and are designed to challenge the student's communication skills, inviting them to make their "internal" strategies visible (metalinguistics). The therapist provides scaffolding (e.g., visual cues, phonetic placement) to support active engagement. Pacing is appropriate, allowing the student to reflect on their own speech or language success. Critical Attributes: Most students are actively working on their communication targets throughout the session. Tasks require the student to apply skills to new contexts (e.g., using a target sound in a spontaneous sentence rather than just a word). Students are asked to evaluate their own performance (e.g., "Was that a 'good' sound or a 'slushy' one?"). Materials are age-appropriate and directly support the therapeutic goal. The therapist uses "wait time" effectively, allowing the student to initiate or self-correct.	Students are fully invested in challenging communication tasks that require complex language use or self-monitoring. The therapist provides subtle scaffolding, and students take the initiative to lead their own learning—perhaps by identifying their own errors or suggesting a real-world scenario to practice in. The pacing allows for deep reflection and consolidation of the communication skill. Critical Attributes: Virtually all students are "working hard" on their communication, showing high persistence. Activities require the student to explain the mechanics of their communication (e.g., "I moved my tongue back for that sound"). Students take initiative to modify a task to make it more relevant (e.g., "Can I practice my speech sounds using my history vocabulary?"). Students serve as a resource for one another, providing peer feedback or modeling in a group setting. The session ends with the student reflecting on their progress and how they will "carry over" the skill into the classroom.

3d. Uses data to adjust treatment during delivery of services **Indicators:** **1. Therapist provides written records showing the use of a system to monitor impact of treatment.** **2. Student challenges and accomplishments, relative to planned treatment, are clearly documented.** **3. Adjustments made by Therapist during delivery of services are recorded.** **4. Therapist continually improves treatment to meet student needs.**	Therapist does not use a defined system to monitor impact of treatment during delivery. Data is not used to adjust treatment during delivery. Critical Attributes: 1. The therapist takes no objective data during the session or relies purely on subjective memory at the end of the day. 2. The therapist pushes through the planned activity even when the student is clearly frustrated, dysregulated, or failing to grasp the target. 3. Session notes merely state what activity occurred, failing to reflect student performance metrics or any clinical adjustments.	Therapist uses a somewhat defined system to monitor impact of treatment during delivery. Data is used minimally to adjust treatment during delivery. Critical Attributes: 1. Data collection is sporadic, lacks a clear system, or isn't specifically tied to the targeted IEP goals. 2. The therapist may repeat a direction or offer a basic hint when a student struggles, but does not fundamentally alter the clinical approach or prompt level. 3. Written records list student accuracy (e.g., "70% accuracy") but lack detail on the challenges faced or how the therapist modified the task to help.	Therapist uses a clearly defined system for monitoring impact of treatment during delivery. Data is used regularly to adjust treatment during delivery. Critical Attributes: 1. The therapist uses an organized, objective method (e.g., data sheets, clickers, digital tracking) to monitor student accuracy and effort in real-time. 2. The therapist actively analyzes live data to provide immediate, targeted scaffolding—stepping up support when the student struggles and fading prompts as they succeed. 3. Session logs accurately detail measurable progress, the specific level of support required, and any clinical adjustments made to the treatment plan.	Therapist has a sophisticated system for monitoring impact of treatment during delivery, and this system is shared with critical stakeholders. Data is used regularly to adjust treatment during delivery, and these adjustments are frequently reported to stakeholders. Critical Attributes: 1. The data system captures nuanced clinical information (e.g., types of cues needed, self-correction rates, duration of engagement) rather than just simple pass/fail tallies. 2. The therapist seamlessly and immediately pivots to an entirely different therapeutic strategy, modality, or environmental setup if the current approach isn't yielding results. 3. Students are explicitly taught to self-monitor and track their own real-time data to build independence and self-awareness. 4. The therapist routinely and proactively shares daily or weekly data trends—and the resulting treatment adjustments—with teachers, caregivers, and the students themselves.

3e. Demonstrates responsiveness to students' needs **Indicators:** **1. Program plans are adapted to address emerging student needs.** **2. Students feel comfortable letting Therapist know when they do not feel program services are addressing their needs.** **3. Therapist uses multiple forms of data to identify how effectively program services align with students' needs.** **4. The services program is designed to be both responsive and flexible.**	Therapist follows the planned program for service delivery, regardless of whether or not it continues to adequately address students' needs. Developmental levels, cultural proficiency, and linguistic levels are not taken into consideration. Critical Attributes: 1. The therapist refuses to change the therapy plan, schedule, or ISP goals even when the student has clearly plateaued, mastered the skill, or grown frustrated. 2. The therapist ignores the student's cultural background or home language, potentially treating a language difference or dialect as a disorder. 3. The therapist ignores verbal or nonverbal signs that the student is disengaged or feels the therapy is unhelpful.	Moderate changes are made to the treatment plan when emerging needs foster a new view of the treatment. Developmental levels, cultural proficiency, and linguistic levels are taken into consideration in a limited way. Critical Attributes: 1. The therapist updates the treatment plan or service delivery model only when a significant issue arises or when prompted by a parent or teacher. 2. The therapist acknowledges the student's cultural or linguistic background but does not meaningfully use it to adapt or improve the therapy program. 3. The therapist occasionally asks for student input on activities, but does not empower students to express whether the overall goals are actually helping them.	Therapist uses existing and emerging evidence to guide appropriate changes to the planned services in order to better meet students' needs. Developmental levels, cultural proficiency, and linguistic levels are taken into consideration. Critical Attributes: 1. The therapist routinely reviews data to adjust the broader service model (e.g., shifting a student from "pull-out" to "push-in" therapy as they approach dismissal). 2. The therapy program is consistently modified to respect and incorporate the student's specific developmental stage, cultural identity, and primary language. 3. The therapist creates a safe environment where students feel comfortable advocating for themselves and expressing what communication supports work best for them.	Therapist regularly reviews the implementation and impact of the planned treatment, integrating this analysis with input from critical stakeholders, to inform ongoing revisions to the treatment plan. Developmental levels, cultural proficiency, and linguistic levels are critical factors in shaping revised plans. Critical Attributes: 1.The therapist continuously seeks and uses feedback from the student, family, and teachers to fundamentally shape and refine the therapy program. 2. Students are deeply involved in their own treatment planning, actively suggesting changes to their IEP goals or the types of accommodations they need in the classroom. 3. Cultural and linguistic proficiency are not just considered, but are the driving force behind how the therapist designs, adjusts, and individualizes the entire therapeutic approach.

Domain 4: Professional Responsibilities

Criteria	Ineffective	Partially Effective	Effective	Highly Effective
4a. Reviews and reflects on practice to inform recommendations for improvement **Indicators:** **1. Therapist identifies overall program impact, citing specific examples as evidence.** **2. Therapist identifies program challenges and makes recommendations to address these.** **3. Therapist presents concrete recommendations to improve program implementation and impact.** **4. Therapist and client reflect on the success of the therapeutic services, identifying areas for improvement.**	Therapist either does not reflect on practice or provides inaccurate recommendations for improvement. Critical Attributes: 1. The therapist cannot accurately judge if a therapy session was successful or if the student actually met the target. 2. The therapist blames the student's disability or lack of effort for poor progress, rather than reflecting on their own clinical approach. 3. The therapist makes no recommendations for changing the therapy plan despite a clear lack of student progress.	Therapist's reflections are generally accurate and focused on the effectiveness of services delivery. Recommendations are often too global to inform any meaningful recommendations for improvement. Critical Attributes: 1. The therapist offers global assessments of a session (e.g., "It went well" or "They were distracted today") without citing specific clinical evidence. 2. The therapist identifies that a student struggled but struggles to pinpoint the underlying clinical reason why. 3. Proposed changes are broad and lack specific actionable steps (e.g., "We will just keep practicing this sound").	Therapist accurately reflects on the implementation and impact of the therapeutic services, providing concrete and specific examples of challenges and successes. Recommendations are specific and focused on program improvement. Critical Attributes: 1. The therapist uses specific data and examples from the session to accurately determine whether the clinical objectives were met. 2. The therapist accurately identifies which specific materials, cues, or strategies were successful and which hindered progress. 3. Recommendations for future sessions are concrete and directly address the identified challenges (e.g., "Next time, I need to fade the tactile cue and increase visual supports").	The therapist's reflection is highly sophisticated, citing multiple pieces of evidence and drawing on a wide repertoire of clinical strategies. The therapist is "thinking on their feet" during the session and can articulate why they made mid-session adjustments. Critical Attributes: The therapist reflects on the root cause of a student's success or struggle, drawing on evidence-based practice (EBP) to justify their conclusions. Reflection includes a critique of the therapist's own clinical cueing (e.g., "I realized my verbal prompts were fading too slowly, which hindered Student Z's independence"). The therapist incorporates student self-reflection into the assessment of the session (e.g., "The students noted that the noise level was too high, so next week we will use individual noise-canceling headphones during written tasks"). The therapist proactively identifies the need for outside consultation or a change in service delivery model if reflection shows the 30-minute group is no longer the "Least Restrictive Environment" for a student's growth.

4b. Keeps accurate records and writes timely and appropriate reports **Indicators:** **1. Therapist takes notes and writes reflections after services are provided.** **2. Notes reflect both challenges and growth for individuals and groups of students.** **3. Therapist develops timely and accurate treatment reports.** **4. Treatment reports are appropriate for the intended audience.**	The therapist's system for maintaining information on student progress is nonexistent, in disarray, or contains frequent errors. Reports are habitually late or do not reflect the actual goals outlined in the IEP. Critical Attributes: Records for the weekly 30-minute sessions are missing, incomplete, or written so far after the fact that they lack accuracy. Data is recorded for the "group" as a whole, failing to capture the specific accuracy, cueing levels, or individual responses of each student. Treatment reports are consistently overdue or contain significant errors regarding the mastery of IEP goals.	The therapist maintains a rudimentary record-keeping system. While records are generally accurate and timely, they lack the reflective depth needed to adjust therapy. Documentation often feels like a "rote" exercise rather than a tool for growth. Critical Attributes: Progress notes are completed on time but consist of "naked numbers" (e.g., 70% accuracy) without any qualitative description of the student's performance or the therapist's intervention. Reports are strictly data-driven but fail to explain how the student's speech progress (or lack thereof) impacts their classroom or social functioning. The therapist uses a repetitive documentation style that provides little differentiation between students in the same therapy group.	The therapist has an efficient, organized system for documenting progress that distinguishes individual growth within the group setting. Notes are timely, reflective, and used to actively plan the following week's 30-minute intervention. Critical Attributes: Documentation includes individual qualitative reflections (e.g., "Student struggled with /r/ in the medial position today") that directly inform the plan for the next week. Treatment reports utilize "parent-friendly" language that clearly bridges clinical progress to academic and social success. The therapist maintains a consistent system for tracking different types of data (e.g., prompted vs. independent) within the condensed group session.	The therapist's record-keeping system is highly sophisticated and includes student participation. Documentation is a collaborative tool that involves the student in their own growth trajectory and spans across environments. Critical Attributes: The therapist incorporates student self-monitoring (e.g., "How do you think you did on your sounds today?") into the session, and these student reflections are integrated into the formal documentation. Record-keeping includes "bridge data" from teachers or parents, showing that the therapist is monitoring generalization beyond the 30-minute weekly session. Reports are proactive and include individualized "Home/Classroom Carryover" strategies that are updated dynamically based on the most recent session data.

4c. The therapist establishes two-way communication with families, actively involving them in their child's communication development, while successfully coordinating the broader IEP process as a case manager across multiple buildings. **Indicators:** **1. Therapist provides clear information about the speech-language program and the overall special education process.** **2. Therapist communicates consistently regarding individual student progress (both speech-specific and overall IEP goals).** **3. Therapist involves families in the carryover of skills and the development of the educational plan.** **4. Therapist responds promptly and professionally to family inquiries, despite a multi-school schedule.**	The therapist provides little to no communication to families. As a case manager, they fail to coordinate communication between the school and the home, leaving parents confused or in the dark about their child's IEP and progress. Critical Attributes: Therapist routinely ignores parent emails, calls, or communication folder notes across their assigned schools. Parent contact is strictly limited to mandated IEP compliance (e.g., demanding a signature at the last minute), with no interim communication about the 30-minute speech sessions. As a case manager, the therapist holds IEP meetings without adequately notifying parents or fails to solicit parent input when drafting the document. Therapist provides no resources, explanations, or materials for parents to understand their child's communication disorder.	The therapist complies with basic communication mandates but does so passively. Communication is typically one-way (school-to-home). As a case manager, they handle the necessary paperwork but do not actively foster a collaborative partnership with the family. Critical Attributes: Therapist sends home required quarterly progress reports, but the information is filled with clinical jargon and lacks a clear explanation of what it means for the child. Responses to parent inquiries are slow (due to being at other schools) or brief, failing to fully address the family's concerns. The therapist conducts IEP meetings as a presentation of pre-determined goals, rather than a collaborative discussion with the family. Home carryover materials are generic (e.g., a standard articulation worksheet) and not tailored to the family's specific routine or culture.	The therapist maintains frequent, culturally responsive, two-way communication with families. As a case manager, they actively coordinate the IEP team, ensuring parents understand both the weekly speech services and the broader special education plan. Critical Attributes: Therapist utilizes a reliable system (e.g., an organized digital platform, email schedule, or dedicated office hour) to ensure prompt responses to parents, regardless of which school the therapist is in that day. As a case manager, the therapist clearly explains the IEP process, parental rights, and evaluation results in accessible, "parent-friendly" language. Therapist provides regular, individualized updates about what the student is working on during the 30-minute group sessions and offers practical strategies for home carryover. The therapist actively solicits parent input prior to the annual IEP meeting to ensure the family's primary concerns are addressed in the proposed goals.	The therapist builds strong, empowering partnerships with families, deeply involving them in the educational process. They seamlessly manage their multi-school caseload, creating proactive systems that make parents feel prioritized and connected to the school team. Critical Attributes: The therapist anticipates parent concerns and reaches out proactively with positive news or updates, rather than only communicating when there is a problem or an IEP due date. As a case manager, the therapist acts as a seamless bridge between the family, the general education teachers, and outside private therapists, ensuring total alignment of the student's care. Therapist co-creates IEP goals and home-practice routines with the family, taking into account the family's schedule, cultural background, and resources. Therapist creates sustainable, easily accessible resources (e.g., customized video models, a specialized resource library, or community support recommendations) to empower parents to advocate for their child.

4d. The therapist maintains professional relationships with colleagues and participates in a shared school-wide culture of student success, despite a limited physical presence in the building. **Indicators:** **1. Therapist proactively shares strategies with classroom teachers to support student communication.** **2. Therapist engages in school-wide initiatives or meetings that fall within their scheduled time or via digital communication.** **3. Therapist promotes a positive environment and adheres to school-wide norms (e.g., behavioral systems, safety protocols).**	The therapist remains isolated and avoids interaction with the school community. Their presence is felt only during the 30-minute sessions, with no effort made to integrate into the larger school culture or support the staff. Critical Attributes: Therapist does not communicate with classroom teachers regarding student needs or progress except when legally mandated. Therapist avoids or declines participation in school-wide professional duties (e.g., brief staff huddles) that occur during their scheduled hours. Therapist maintains a "visitor" mentality, failing to follow school-wide culture norms like "positive behavior" language or building safety protocols.	The therapist is professional and cordial but passive. They participate in the school community when prompted or when an event happens to fall exactly within their scheduled hours, but they do not take initiative to build bridges outside of therapy sessions. Critical Attributes: Communication with colleagues is reactive (e.g., answering an email) rather than proactive. Participation in school culture is limited to "showing up" to required meetings that occur during their one-day-a-week window. Therapist supports the school's mission in a basic way but does not offer their specialized expertise to the general education community.	The therapist is a visible and valued member of the school team. Despite being on-site only once a week, they maintain a consistent presence through proactive communication and by aligning their therapy goals with the school's overall culture and academic standards. Critical Attributes: Therapist provides "Classroom Carryover" tips or visual supports to teachers to ensure speech goals are supported in the general education environment. Therapist makes an effort to engage in school culture (e.g., attending a 5-minute staff "check-in" or contributing to the school newsletter/bulletin) to remain connected. Therapist actively aligns their group therapy activities with current classroom themes or school-wide initiatives (e.g., using "Word of the Week").	The therapist is an "essential partner" in the school community. They lead from their niche, creating systems or providing resources that benefit the entire school culture, ensuring their impact is felt even on the days they are not physically present. Critical Attributes: Therapist initiates school-wide or grade-level "Communication Awareness" (e.g., providing a tip-sheet for all teachers on how to support students with hearing loss or stuttering). Therapist takes a leadership role in professional learning communities (PLC), even if remotely, by sharing evidence-based strategies that improve the school's overall literacy or social-emotional climate. Therapist creates "sustainable" resources (e.g., a shared digital folder of speech-language strategies) that staff can access throughout the week when the therapist is off-site.

4e. The therapist stays current with clinical research and pedagogy, seeking out opportunities to refine their craft and contributing to the collective knowledge of the school staff. **Indicators:** **1. Therapist pursues professional development (PD) within the district and through outside clinical organizations (e.g., ASHA, state associations).** **2. Therapist brings specialized clinical insights back to the school to help teachers understand communication disorders.** **3. New strategies are directly implemented in the 30-minute group sessions to improve student outcomes.**	The therapist does not participate in professional learning and shows no interest in improving their clinical skills. There is no evidence of using modern, evidence-based practices in therapy sessions. Critical Attributes: Therapist does not attend required district PD or complete mandatory clinical updates. Therapist relies on outdated materials or "busy work" during the 30-minute sessions rather than current evidence-based strategies. Therapist shows resistance to feedback or suggestions from colleagues and supervisors.	The therapist participates only in professional learning that is required by the district or state for licensure. They do not seek out additional learning and do not share their specialized knowledge with their school colleagues. Critical Attributes: Therapist attends required PD but rarely implements new strategies into the 30-minute group window. Professional learning is seen as a "compliance task" rather than a way to improve student service delivery. Therapist keeps new learning to themselves, missing opportunities to help classroom teachers support students' communication needs.	The therapist seeks and engages in professional learning opportunities beyond the minimum requirements. They intentionally schedule or create opportunities to share their findings with colleagues to improve the school's overall support system. Critical Attributes: Therapist attends specialized clinical workshops (e.g., neurodiversity-affirming practices, AAC, or literacy-based therapy) and applies these directly to their group sessions. Therapist proactively sends "quick-tip" emails or handouts to teachers after attending a PD to share relevant strategies for the classroom. Therapist seeks out feedback from peers or supervisors to refine their clinical "efficiency" within the condensed 30-minute service model.	The therapist seeks out formal and informal professional learning opportunities, including active feedback from colleagues. They apply this learning to revolutionize service delivery and take an active role in increasing the professional knowledge and skills of the entire school staff. Critical Attributes: Therapist uses their specialized expertise to lead workshops or "lunch-and-learns" for teachers and paras (even if pre-recorded or via digital platforms) to address school-wide communication trends. Therapist maintains a "clinical loop" where they learn a strategy, pilot it in their 30-minute group, measure its success, and then train others in the building on how to generalize that success. Therapist seeks out feedback from classroom teachers to ensure the professional learning they pursue aligns with the specific academic challenges students are facing in that specific building.

4f. The therapist conducts themselves with the highest level of clinical ethics, maintaining strict confidentiality and advocating for the best interests of the students within the framework of school and district policies. **Indicators:** **1. Therapist is honest regarding student progress and the efficacy of current interventions.** **2. Therapist protects student privacy, especially in shared spaces like staff lounges or digital communication.** **3. Therapist follows all district protocols, timelines, and legal requirements for special education.** **4. Therapist ensures that students receive the services they are entitled to and speaks up against practices that hinder student growth.**	The therapist's professional interactions lack honesty or integrity. They frequently disregard basic principles of confidentiality and fail to follow school or district regulations, potentially putting the student or the district at risk. Critical Attributes: Therapist discusses sensitive student information in public areas (e.g., the hallway or main office) where it can be overheard by unauthorized individuals. Progress data or service logs are falsified, exaggerated, or manipulated to appear compliant when they are not. Therapist habitually ignores district deadlines for IEPs, evaluations, or quarterly reporting.	The therapist is generally honest and typically acts with integrity. While confidentiality is honored, the therapist is inconsistent in following district regulations or only adheres to protocols when specifically reminded by administration. Critical Attributes: Therapist maintains confidentiality but does not proactively correct others when they overhear student information being shared inappropriately. Administrative tasks (such as Medicaid billing or meeting notices) are occasionally late or contain minor, avoidable errors. Therapist provides honest information about student progress but may hesitate to speak up if a student's needs are not being met by the current school environment.	The therapist's interactions are marked by honesty and integrity in the service of all students. They are a reliable professional who consistently observes all school/district regulations and protects student confidentiality as a matter of standard practice. Critical Attributes: Therapist ensures that all discussions regarding the 30-minute group sessions occur in private, secure settings and follows all digital privacy protocols (encrypted emails, etc.). All district and state mandates regarding IEP timelines and service delivery are met consistently and accurately. Therapist provides an honest assessment of student progress to parents and staff, even when that progress is slow, and offers evidence-based solutions for improvement.	The therapist displays the highest standards of honesty and integrity. They are a "standard-bearer" for ethics in the building, challenging negativity or a lack of integrity in any aspect of service delivery and ensuring that student needs always remain the primary focus. Critical Attributes: Therapist proactively leads by example in protecting student privacy, gently but firmly redirecting colleagues who attempt to discuss confidential student matters in inappropriate settings. Therapist serves as a resource for the school on district/state regulations, ensuring that the team remains compliant and ethically sound in all special education decisions. Therapist advocates for students' best interests by challenging "the way things have always been done" if it hinders a student's communication access or progress, grounding their advocacy in data and clinical ethics.