

Coronado Unified School District

SCHOOL PSYC	HOLOGIS	ST EVALUA	TION AND REFL	ECTION FORM - FORMAL		
Evaluatee Name:		School Year:	Educator Status: (Mark all	that apply)		
Site/Assignment:	Course/Subje	ect/Grade Level:	Tenured (3-4 Years Tenured (5-9 Years Tenured (10+ years			
Evaluator Name & Posit	ion:		-			
		PART 1: E	VALUATION PLA	AN		
	Coro	nado Unified Scl	nool District Governing Bo	pard Goals		
Learning: Integrate personalized learning with assessment methods that will prepare all students for academic and vocational success.			Communication: Communicate openly, freely, and accurately to engage and involve all shareholders.	<u>Support</u> : Maintain safe and supportive schools where students and staff thrive.		
		Sch	nool Site(s') Focus			
Domain:	Focus Statem	ent:				
			Goals			
 every year. Tenured (Years 5-9 in pevery two years. Tenured (Years 10 or mevaluated every three years) * Please note that staff members 	rofession) deve nore in profession rears.	lop two (2) goals - on) develop two (2) multiple sites will co	- Written goals and conference) goals – Written goals and collaborate with department men	ce due September 30th. Will be evaluated ce due September 30th. Will be evaluated onference due September 30th. Will be nbers to develop goals related to the site(s') focus necessarily based upon student achievement data		
	ioal 1			Goal 2		
Related	to Site Focus		Personal Learning Goal (Team Project Option for 10+ years)			
Domain: Sub-Area:			Domain: Sub-Area:	Toject Option for 201 years)		
SMART Goal:			SMART Goal:			
Baseline: Where are you now?		Baseline: Where are you n	ow?			
Action Plan: What steps will you take to reach this goal?			Action Plan: What steps w	vill you take to reach this goal?		

Evidence : What evidence will you use to show growth?	Evidence: What evidence will you use to show growth?				
	Observation Cycle				
<u>Tenured (Years 3-4)</u> : One Formal Observation due 2 nd Friday in December, Final Evaluation Summary and Conference due May 1 st .					
<u>Tenured (Years 5+)</u> : One Formal Observation or a series of three Informal Observations due February 15 th , Final Evaluation Summary and Conference due May 1 st . If the evaluatee chooses Informal Observation, please use the Teacher Evaluation and Reflection Form - Informal.					
	Agreement				
Signatures below indicate evaluat	or and evaluatee have both agreed up	oon the goals			
Evaluator's Signature:	Position:	Date:			
Evaluatee's Signature:	Position:	Date:			

PART 2: PRE-OBSERVATION / FORMAL OBSERVATION / POST-OBSERVATION FORM

	POST-OBSERVATION FOR	M				
	PRE-OBSERVATION					
	complete at least 3 days prior to the sched					
Goal Focus:	Learning/Activity Objective:	Do you have a fors?	ny spe	cial req	juests/	look
	Student Success Criteria: What am I learning? Why am I learning this? How will I know that I have learned it?					
	OBSERVATION					
Deter						
Date: Descriptive Evidence During Observation	on:					
0						
	BSERVATION EVALUATION OF SET GO					
	isfactory, D = Developing, P = Proficient, E	= Exemplary				
Standards B	ased Evidence of Practice		U	D	Р	Е
Domain 1: PROFESSIONALISM						
	ism, and respect toward others while mai	_				
appropriate confidentiality and experiences	d considering others' diverse backgrounds	and				
Effectively communicate in a manner that can be readily understood by others						

3.	Appreciate multiple perspectives and address others' questions and concerns thoughtfully and thoroughly		
Domai	n 2: ASSESSMENT AND CASE MANAGEMENT		
1.	Collect data from multiple sources and conduct valid Psychoeducational Evaluations for the purpose of identifying students' eligibility for Special Education services		
2.	Ensure all legal requirements and timelines are met		
3.	Conduct additional evaluations as needed, to include Functional Behavior Assessments (FBA), Special Circumstance Independence Assessments (SCIA), and evaluations for Educationally Related Mental Health Services (ERMHS)		
Domai	in 3: SUPPORT TO STUDENTS AND PARENTS		
1.	Make connections with students to promote their overall development through building rapport, interviews, and providing informal and/or formal counseling support		
2.	Communicate with parents to gather information about their child, answer questions, and address concerns as part of the assessment process		
3.	Provide recommendations to parents to help them support their child in the home environment		
4.	Conduct Interim Placement IEPs to facilitate students' transition to CUSD and ensure that they receive comparable services based on their most recent IEP		
Domai	n 4: STAFF CONSULTATION AND COLLABORATION		
1.	Collaborate with other members of the assessment team to ensure comprehensive evaluations		
2.	Assist staff in understanding policies, procedures, and legal regulations related to Special Education		
3.	Provide consultation to teachers and other staff members to promote students' academic, social, emotional, and behavioral development		
Domai	n 5: INTERVENTION		
1.	Provide recommendations to address students' unique needs based on results of Psychoeducational Evaluations		
2.	Collaborate with staff to develop and implement various interventions to support students, including Behavior Intervention Plans as needed		
3.	Participate in select Student Study Team (SST) and Section 504 Accommodation Plan Team meetings		
Domai	n 6: DEVELOP AS A PROFESSIONAL SCHOOL PSYCHOLOGIST		
1.	Establish professional goals and pursue opportunities to improve		

	Engago in professional development and life	olona los	orning				
Engage in professional development and lifelong learning							
3.	Adhere to professional codes of ethics, lega	l manda	tes, and district policies				
Evaluate	or Commendations and Recommendations:						
Evaluati	ee Reflections:						
Lvaluat	ee Kenections.						
	POST-OB	SERVAT	TION CONFERENCE				
Date:		SERVAT	TION CONFERENCE Action Steps:				
	POST-OB or and Evaluatee Collaborative Notes:	SERVAT					
		SERVAT					
		SERVAT					
		SERVAT					
		SERVAT					
Evaluat	or and Evaluatee Collaborative Notes:		Action Steps:	following th	ne observ	vation s	o that
All writte	or and Evaluatee Collaborative Notes: en summaries and observations shall be delivered uatee has time for self-reflection within (2) duty d	I to the e	Action Steps: valuatee within three (3) duty days post-observation conference will l	oe held withi	n six (6)	duty da	ays
All writte	or and Evaluatee Collaborative Notes: en summaries and observations shall be delivered uatee has time for self-reflection within (2) duty dg the evaluatee's observation. The evaluatee has	I to the e lays. The the right	Action Steps: valuatee within three (3) duty days post-observation conference will l	oe held withi	n six (6)	duty da	ays
All writte the evaluation following response	or and Evaluatee Collaborative Notes: en summaries and observations shall be delivered uatee has time for self-reflection within (2) duty d g the evaluatee's observation. The evaluatee has e shall be attached to the Evaluation and Reflection	I to the even the right on Form.	Action Steps: valuatee within three (3) duty days post-observation conference will to respond to the post-observatio	oe held withi n conference	n six (6)	duty da	ays
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PART 3: FINAL EVALUATION SUMMARY AND CONFERENCE Evaluatee Reflection Completion Date (3 duty days prior to meeting): **Meeting Date: Evaluatee:** 1. Reflect on your progress from this school year toward implementing your action plans and meeting your goals. Include your evidence below. Goal 1: Goal 2: 2. Using specific examples, reflect on two highlights from this school year. What are you looking forward to next year? What are a couple of next steps? **Evaluator Narrative Summary (Commendations & Recommendations): Evaluator's Signature:** Date: Evaluatee's Comments: The evaluatee shall have a right to respond in writing to the evaluation. This response shall be attached to the evaluation prior to it being placed in the evaluatee's personnel file if received within ten (10) duty days after the receipt of the evaluation. I acknowledge being apprised of the above evaluation on a personal conference. I have attached a statement: Yes Nd **Evaluatee's Signature:** Date: