



# Coronado Unified School District

## SPEECH-LANGUAGE PATHOLOGIST (SLP) EVALUATION AND REFLECTION FORM - FORMAL

<b>Evaluatee Name:</b>		<b>School Year:</b>	<b>Educator Status:</b> (Mark all that apply)	
<b>Site/Assignment:</b>	<b>Course/Subject/Grade Level:</b>	<input type="checkbox"/> Tenured (3-4 Years) <input type="checkbox"/> Transition in Assignment <input type="checkbox"/> Tenured (5-9 Years) <input type="checkbox"/> Tenured (10+ years)		

**Evaluator Name & Position:**

### PART 1: EVALUATION PLAN

#### Coronado Unified School District Governing Board Goals

<u>Learning:</u> Integrate personalized learning with assessment methods that will prepare all students for academic and vocational success.	<u>Communication:</u> Communicate openly, freely, and accurately to engage and involve all shareholders.	<u>Support:</u> Maintain safe and supportive schools where students and staff thrive.
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#### School Site(s)' Focus

<b>Domain:</b>	<b>Focus Statement:</b>
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#### Goals

- Tenured (Years 3-4 in profession)** develop two (2) goals – Written goals and conference due September 30th. Will be evaluated every year.
- Tenured (Years 5-9 in profession)** develop two (2) goals – Written goals and conference due September 30th. Will be evaluated every two years.
- Tenured (Years 10 or more in profession)** develop two (2) goals – Written goals and conference due September 30th. Will be evaluated every three years.

\* Please note that staff members who work at multiple sites will collaborate with department members to develop goals related to the site(s)' focus  
 \* For reference, SMART Goal(s) = Specific, Measurable, Attainable, Relevant and Time-Bound; not necessarily based upon student achievement data

Goal 1 Related to Site Focus	Goal 2 Personal Learning Goal (Team Project Option for 10+ years)
<b>Domain:</b> <b>Sub-Area:</b>	<b>Domain:</b> <b>Sub-Area:</b>
<b>SMART Goal:</b>	<b>SMART Goal:</b>
<b>Baseline:</b> <i>Where are you now?</i>	<b>Baseline:</b> <i>Where are you now?</i>

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

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

## PRE-OBSERVATION

Evaluatee will complete at least 3 days prior to the scheduled observation

<b>Goal Focus:</b>	<b>Learning/Activity Objective:</b>	<b>Do you have any special requests/look fors?</b>
	<p><b>Student Success Criteria:</b>  <i>What am I learning?</i>  <i>Why am I learning this?</i>  <i>How will I know that I have learned it?</i></p>	

## OBSERVATION

**Date:**

**Descriptive Evidence During Observation:**

### OBSERVATION EVALUATION OF SET GOALS

U = Unsatisfactory, D = Developing, P = Proficient, E = Exemplary

Standards Based Evidence of Practice	U	D	P	E
<b>Domain 1: PLANNING AND PREPARATION</b>				
1. Demonstrates knowledge and skills in the speech-language pathology therapy areas				
2. Establishes goals and plans for the therapy program appropriate to the setting and the students served				
3. Demonstrates knowledge of district, state, and federal regulations and guidelines for speech-language pathology				

4. Demonstrates knowledge of resources both within and beyond the school and district				
<b>Domain 2: ENVIRONMENT</b>				
1. Establishes rapport with students				
2. Organizes time for learning				
3. Establishes effective instructional guidance of conduct in therapy sessions				
4. Organizes therapy setting to effectively evaluate and provide therapy				
5. Manages therapy procedures: transitions between sessions, routines within sessions, and readily available materials				
<b>Domain 3: DELIVERY OF SERVICE</b>				
1. Responds to referrals and evaluates students needs within state and federal timelines				
2. Develops and implements goals/benchmarks to meet the individual needs of each student				
3. Collects information and writes reports within federal timelines and according to district, state, and federal guidelines				
4. Collaborates with team members to provide services in the least restrictive environment and most appropriate for addressing the individual needs of the student (in classroom or speech therapy room)				
<b>Domain 4: PROFESSIONAL RESPONSIBILITIES</b>				
1. Collaborates with teachers, administrators, and other service providers				
2. Maintain an effective data management system				
3. Engages in professional development				
4. Exhibits professionalism including: integrity, advocacy, and maintaining confidentiality				
<b>Evaluator Commendations and Recommendations:</b>				
<b>Evaluatee Reflections:</b>				

**POST-OBSERVATION CONFERENCE**

<b>Date:</b> <b>Evaluator and Evaluatee Collaborative Notes:</b>	<b>Action Steps:</b>
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All written summaries and observations shall be delivered to the evaluatee within three (3) duty days following the observation so that the evaluatee has time for self-reflection within (2) duty days. The post-observation conference will be held within six (6) duty days following the evaluatee's observation. The evaluatee has the right to respond to the post-observation conference in writing, and the response shall be attached to the Evaluation and Reflection Form.

Evaluator's Signature:	Position	Date
Evaluatee's Signature:	Position	Date

## 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       No

**Evaluatee's Signature:**

**Date:**

