VICTORIA INDEPENDENT SCHOOL DISTRICT

Speech-Language Pathology Assistant Evaluation Form

Name ___________________________ Date ______________________

Social Security No. __________________ Evaluator ________________________

Rating Number | Rating Notations
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4 | Exceptional Performance
3 | Above Average Performance
2 | Good Performance
1 | Below Standard Expectation *
No Notation | Not in a Position to Evaluate This Skill

*Any comments for indicators can follow the criterion. Any indicator score of Below Standard Expectations (1) must have written justification at the end of the appropriate criterion

Criterion I: Instructional Management (Effective instructional management is maintained through a series of activities) Expectations

1. Models effective communication skills. 4 3 2 1

2. Establishes a working relationship, based upon mutual respect, trust, and confidence, which encourages optimum performance. 4 3 2 1

3. Coordinates services to provide maximum efficiency in scheduling and service delivery. 4 3 2 1

4. Provides communication therapy in the parameters of articulation, auditory processing, fluency, language and voice. 4 3 2 1

5. Demonstrates flexibility in planning and conducting therapy sessions to meet student’s needs. 4 3 2 1

6. Implements therapy strategies which address individual educational objectives. 4 3 2 1

7. Selects, produces and utilizes appropriate therapy materials and equipment to be used with therapy objectives. 4 3 2 1

8. Demonstrates knowledge of technology as appropriate to meet student needs. 4 3 2 1

9. Evaluates and provides feedback on student progress during 4 3 2 1
instruction.

10. Monitors generalization of student’s communication skills in in various settings.  
    4  3  2  1

    4  3  2  1

Criterion II: School/Organization Climate  
(A productive positive, caring environment exists)

1. Uses practices that promote positive teamwork and collaborative decisions for students with communication disabilities.  
   4  3  2  1

2. Relates to staff, students and parents in ways that convey equality and mutual respect.  
   4  3  2  1

3. Provide carry over activities to classroom teachers  
   4  3  2  1

Criterion III: Personnel Management  
(Effective personnel management practices are implemented)

1. Complies with Medicaid procedures for implementation of School Health and Related Service (SHARS), as required.  
   4  3  2  1

Criterion IV: Administration and Fiscal Facilities Management (Administrative, fiscal and facilities are effectively and efficiently managed)

1. Maintains clinical records in compliance with TEA guidelines.  
   4  3  2  1

2. Ensures the integrity and confidentiality of student data.  
   4  3  2  1

3. Maintains individual working files on all speech therapy therapy students.  
   4  3  2  1

4. Maintains therapy facility to provide an atmosphere for optimal learning.  
   4  3  2  1

5. Organizes and maintains materials and equipment to facilitate efficient therapy delivery.  
   4  3  2  1

6. Initiates the requisition and purchase of appropriate materials to meet student program needs.  
   4  3  2  1
Criterion V: Management of Student Services
(Positive student conduct, self-concept and collaborative interaction are promoted through a variety of activities)

Under the supervision of Licensed Speech Language Pathologist, the Speech Language Pathology Assistant will:

1. Comply with federal and state laws and district policies and procedures in all areas of speech-language services. 4 3 2 1

2. Assist in reviewing referrals for those suspected of having a communication disorder. 4 3 2 1

3. Administer routine tests without interpreting results or determining severity. 4 3 2 1

4. Complete and submit requested reports, evaluation logs, surveys, etc. by the specified due date. 4 3 2 1

5. Assist in managing existing speech therapy caseload by implementing documented treatment plans. 4 3 2 1

6. Participate in the Admission, Review, and Dismissal (ARD) committee with the physical presence of the supervising Speech Language Pathologist. 4 3 2 1

7. Assist in developing appropriate goals and objectives for each qualifying student. 4 3 2 1

8. Comply with Public Education Information Management System (PEIMS) procedures. 4 3 2 1

9. Assist in writing progress reports in compliance with Texas Education Agency (TEA) guidelines. 4 3 2 1

Criterion VI: Professional Growth and Development
(Professional growth and development are maintained)

1. Plans and engages in professional development related to Speech Language Pathology. 4 3 2 1

2. Uses appropriate technology to increase effectiveness. 4 3 2 1

3. Adheres to ethical and professional standards. 4 3 2 1

4. Demonstrates knowledge of current literature and incorporates applicable clinical ideas. 4 3 2 1
5. Participates in district, department, staff or committee assignments as approved by Special Education Director. 4 3 2 1

6. Develops and maintains skill by applying knowledge gained through staff development specifically related to Speech Language Pathology. 4 3 2 1

7. Responds to supervision and facilitates communication concerning administrative and therapy issues. 4 3 2 1

Criterion VII: School and Community Relations
(Effective communication which promotes a positive tone for school/community relations is utilized)

1. Maintains a working knowledge of community agencies and resources available to students with communication disabilities. 4 3 2 1

2. Works cooperatively with school personnel, private schools/agencies (Region III/Head Start/Physicians/etc.) in the provision of speech-language services. 4 3 2 1

3. Includes the parent on the team in rehabilitating and educating the child with a communication disorder. 4 3 2 1

4. Complies with district policies and campus procedures. 4 3 2 1

Speech-Language Pathology Assistant Comments:

______________________________________________________________________
______________________________________________________________________

Evaluator’s Comments:

______________________________________________________________________
______________________________________________________________________

Signature of Evaluator .................................................. Signature of Sp.-Lang. Pathology Assist.
Date: _____________________________ Date: _____________________________

*The speech-language pathology Assistant’s signature indicates neither agreement or disagreement with ratings given.