

PLUMAS UNIFIED SCHOOL DISTRICT
School Psychologist Evaluation Form

<p>_____</p> <p>Psychologist's Name (please print)</p> <p>_____</p> <p>School Grade</p>	<p align="center">Check One</p> <p><input type="checkbox"/> Probationary 1 P = Proficient</p> <p><input type="checkbox"/> Probationary 2 S = Satisfactory</p> <p><input type="checkbox"/> Temporary U = Unsatisfactory</p> <p><input type="checkbox"/> Permanent</p>
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1. DIRECT SERVICES TO STUDENTS.	P	S	U
a. Provides individualized and group counseling in crisis situations.			
b. Assesses students as mandated by Assessment Plans.			
c. Provides meaningful written program objectives including behavior plans, modified student outcomes, and classroom accommodations.			
Comments:			
2. SPECIAL EDUCATION SERVICES MANAGEMENT.	P	S	U
a. Collaborates and coordinates with school and district staff to provide an articulated program for special needs students receiving special education services.			
b. Prepares and assists in preparation of complete and correct Individualized Education Plans and associated documents.			
c. Arranges and conducts re-evaluations of special education students in a timely manner.			
Comments:			
3. REGULAR EDUCATION SUPPORT.	P	S	U
a. Participates effectively in multidisciplinary teams.			
b. Collaborates and consults effectively with regular education staff.			
c. Provides information about special education law and regulations to regular education staff.			
Comments:			

4. PROFESSIONAL INTERACTIONS WITH STUDENTS, PARENTS, AND AGENCIES.	P	S	U
a. Maintains productive and professional working relationships with regular education and special education staff.			
b. Works effectively and appropriately with parents			
c. Maintains open communications with related human services agencies for inter-agency collaboration.			
Comments:			
5. PERFORMANCE OF RELATED PROFESSIONAL DUTIES AND RESPONSIBILITIES.	P	S	U
a. Participates in professional growth activities.			
b. Follows directives and accepts supervision.			
c. Works collaboratively with other district staff.			
Comments:			

Evaluator's Comments (continued):

Certificated Employee's Comments:

Overall Evaluation

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

Evaluator's Signature

Date

Certificated Employee's Signature

Date