



THE INDEPENDENT SCHOOL DISTRICT OF BOISE CITY

SPEECH / LANGUAGE PATHOLOGIST EVALUATION

PHILOSOPHY

The purpose of performance evaluation for any category of employee is to document strengths and weaknesses and to pinpoint areas for improved performance. For professional employees, evaluation is, primarily, a way to document growth in the profession. Although professional growth is of primary importance, evaluation may also be used to document performance problems and deficiencies.

The Boise School District is committed to the notion of self-evaluation and self-reflection as a way to ensure professional growth. Self-reflection, combined with the fair and objective observation and feedback of a supervisor is the best way to assist professional teachers in advancing in the profession.

The availability of the Boise School District Peer Assistance Program, Professional Development Core and other Professional Development opportunities, coupled with the evaluation process, provides the infrastructure necessary for sustained professional growth. It is the philosophy of the District that evaluation is the tool to document that sustained growth.

EVALUATION PROCEDURE

The recommended administrative observation cycle for professional employees on category 1 or replacement contracts will include at least one administrative observation per quarter with each observation lasting a minimum of 10 minutes. It is also recommended that professional employees on category 1 or replacement contract will have at least one conference with a building administrator, to occur no later than March 31.

Professional employees on category 2 or category 3 contracts will have a minimum of two formal evaluations with a qualified evaluator. At least one evaluation will be conducted by a building administrator. The first evaluation will be completed before January 1, and the second evaluation will occur prior to the third week of May. Professional employees on category 3 contracts may be placed on intensive staff development or probation if needed.

Professional employees on renewable contracts will have a minimum of one administrative observation during the year, lasting a minimum of 10 minutes. Professional employees on renewable contracts will also have at least one formal evaluation by a building administrator. The administrative observation and the formal evaluation will occur prior to the third week of May. Professional employees on renewable contracts may be placed on intensive staff development or probation if needed.

The administrator conducting the evaluation will hold a post conference with the evaluated speech/language pathologist within 5 school days following the formal evaluation.

Speech/Language Pathologist's Name _____ Date _____

Employee ID Number _____

Evaluator's Name _____ Evaluator's Position _____
(Print)

(S) Satisfactory

(U) Unsatisfactory

(NE) Not Evaluated

Explanatory remarks must be made to specify strengths and/or weaknesses in each category evaluated. Discussion with SLP is encouraged.

Evaluation Skills

- | | | | |
|---|---|---|----|
| 1. Implements screening procedures. | S | U | NE |
| 2. Collects and integrates background information from student, family, caregivers, and other professionals. | S | U | NE |
| 3. Selects and implements evaluation procedures (non-standardized tests, behavioral observations, and standardized tests). | S | U | NE |
| 4. Adapts interviewing and testing procedures to meet individual student needs. | S | U | NE |
| 5. Interprets and integrates test results and behavioral observations, synthesizes information gained from all sources, develops diagnostic impressions, and makes recommendations. | S | U | NE |

Comments

Instructional Skills

- | | | | |
|--|---|---|----|
| 1. Develops and implements specific, reasonable, and necessary individual educational plans (IEPs). | S | U | NE |
| 2. Selects/develops and implements instructional strategies for treatment of communication related disorders. | S | U | NE |
| 3. Selects/develops and uses intervention materials and instrumentation for treatment of communication and related disorders. | S | U | NE |
| 4. Plans and implements appropriate data collection procedures to monitor student progress. | S | U | NE |
| 5. Interprets and uses data to modify individual education plans, strategies, and/or materials to meet the needs of the student. | S | U | NE |

Comments:

Program Management Skills

- | | | | |
|---|---|---|----|
| 1. Schedules and prioritizes direct and indirect service activities, maintains student records, and documents professional contacts. | S | U | NE |
| 2. Complies with program administrative and other regulatory policies such as required due process documentation, reports, service statistics, and budget requests. | S | U | NE |
| 3. Uses district, state, and federal regulations to make decisions, re: service eligibility, and if applicable, Medicaid reimbursement. | S | U | NE |
| 4. Demonstrates accountability for professional time. | S | U | NE |

Comments:

Interaction Skills

- | | | | |
|---|---|---|----|
| 1. Demonstrates appropriate communication skills, taking into consideration the communication needs as well as the cultural values of the student, the family, and other professionals. | S | U | NE |
| 2. Identifies and refers students for related services including audiological, educational, medical, psychological, social and vocational, as appropriate. | S | U | NE |
| 3. Collaborates with other professionals in matters relevant to student needs. | S | U | NE |
| 4. Provides supportive guidance regarding the student's communication disorder to student and family. | S | U | NE |
| 5. Familiarizes principals, teachers, other school personnel, and parents with speech, language and hearing services. | S | U | NE |

Comments:

Professional Growth

- | | | | |
|--|---|---|----|
| 1. Keeps current with advances in professional methods, materials, and technology. | S | U | NE |
| 2. Demonstrates growth in professional practices. | S | U | NE |

Comments:

Additional Remarks: (Optional)

Home School: _____ Assigned Schools: _____

Signature: _____

Speech/Language Pathologist

Date: _____

Signature: _____

Evaluator

Date: _____