

Ravena-Coeymans-Selkirk Central Schools

Annual Performance Review for Speech Language Pathologists

Name: _____ Date: _____

Position: _____ Building: _____

Administrator: _____

APR for school year: _____ - _____

Probationary only	
Certification (specify area)	
<input type="checkbox"/>	transitional or initial
<input type="checkbox"/>	provisional
<input type="checkbox"/>	professional
<input type="checkbox"/>	permanent
Date Hired	Anticipated Tenure

Date

ASSIGNMENT (INCLUDE GRADE-LEVEL AND/OR SUBJECT)

SPECIAL ASSIGNMENT(S) AND/OR RESPONSIBILITIES

Tenured

List the **date, time, and subject** for which this staff member has been observed.

	Pre	Observation	Post	Subject
1.				
Probationary				
	Pre	Observation	Post	Subject
2.				
3.				

Evaluator, do you recommend that this staff member continue in the RCS School District?

- Yes
- Provisionally, based on completion of the proposed activities and improvement in the areas documented below

No

PURPOSE OF ANNUAL PERFORMANCE REVIEW

The purpose of this annual performance review is to help improve performance or potential for performance by assessing strengths and identifying areas for improvement and growth.

GENERAL DIRECTIONS

This review, when completed, is to be discussed at a conference with the staff member and evaluator. A copy of the proposed review should be provided no later than two school days prior to the conference. Further, a maximum of five school days should be given to the staff member, following the conference, to respond in writing if so desired.

A personal copy of this review, in its completed state, is to be provided to the staff member when it becomes part of the staff member's personnel file. All correspondence related to this review should be included with the original document when it is filed.

Form A: SLP Criteria and Effectiveness

The following checklist will be completed based on information yielded through observation(s) and Pre and Post Conference discussion between the administrator and the education professional. If the observation is of a professional meeting (eg. IST, CSE), no lesson plan is necessary.

For each of the areas described below, the evaluator is to place a check mark in the appropriate space that best describes the staff member's performance.

Key: 4 = Highly Effective; 3 = Effective; 2 = Developing; 1 = Ineffective	4	3	2	1	Comments and evidence are mandatory for a rating of 1 and 2, optional for a 3 and 4.
1. Content Knowledge – SLP demonstrates knowledge of the student objectives and support curricular goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Preparation –The SLP employs the necessary pedagogical practices to support instruction, creates meaningful lesson plans, therapy plans, sets appropriate goals, and uses appropriate resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Instructional Delivery – Instruction is goal oriented. It results in active student involvement, appropriate therapist/student interaction, meaningful activities resulting in student learning, and relevant student feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Student Management – The SLP demonstrates management skills supportive of diverse student learning which create an environment conducive to student learning and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

student safety; sets clear standards of student conduct; and establishes and maintains an environment of mutual respect.					
5. Student Development – The SLP demonstrates knowledge of student speech language development, an understanding of diversity and the regular application of developmentally appropriate instructional strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Student Assessment – The SLP documents progress based on speech-language developmental norms designed to measure students’ skills and uses student assessment data for future planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Collaboration –The SLP develops effective collaborative relationships with students, parents or caregivers, and multidisciplinary teams to meet the learning/developmental needs of students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Reflective and Responsive Practice – The SLP is able to reflect on the lesson reviewing what was effective and what may be adjusted to maximize learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- 4 Highly Effective** means well advanced in the profession showing through evidence of improved professional practice; utilizes ongoing professional development and reflection.
- 3 Effective** means more advanced in a profession; it implies a competence derived from training and practice.
- 2 Developing** means having requisite or adequate ability or qualities of knowledge or skill.
- 1 Ineffective** means lacking in necessary knowledge and/or required demonstration of skill.

Overall Score (check one): 4 3 2 1

HEDI Rating (check one): Highly Effective Effective Developing Ineffective

Comments by evaluator:

Comments by staff member:

Probationary Only

Identified area(s) in need of improvement:

Suggestions for improvement:

Date	Proposed Activity	Documentation of Progress/Improvement

Administrator Signature

Date

Staff Member Signature*

Date

* The signature of the staff member indicates that he/she has read this review and has knowledge of, but not necessarily agreement with, its content

Form B: Evidence Binder – Speech Language Pathologist

SLP:

Date:

Evaluator:

Element	Evaluator Evidence/Notes	HEDI Scoring				SLP Comments/Responses
		Highly Effective	Effective	Developing	Ineffective	
		4	3	2	1	
1.1 SLP demonstrates knowledge of child and adolescent development, including students’ cognitive, language, social, emotional, and physical developmental levels.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2 & 7.4 SLP demonstrates current, research-based knowledge of learning and language acquisition theories and processes./ Utilize professional resources		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.3 SLP demonstrates knowledge of and are responsive to diverse learning needs, interests, and experiences of all students.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.4, 6.2 & 6.3 SLP acquires knowledge of individual students, families, guardians, and/or caregivers to enhance student learning./ Culture that supports high expectations for student learning.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.5 & 6.1 SLP demonstrates knowledge of and are responsive to the economic, social, cultural, linguistic, family, and community factors that influence their students’ learning.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

1.6 SLP demonstrates knowledge and understanding of technological and information literacy and how they affect student learning.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.1& 7.2 SLP reflects on their practice to improve effectiveness and guide professional growth/ sets goals.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Key

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Overall Score (check one): 4 3 2 1

HEDI Rating (check one): Highly Effective Effective Developing Ineffective

Additional comments by evaluator (if needed):

Additional comments by staff member (if needed):

End of Year Self Reflection – Speech Language Pathologist

Each response should not exceed 250 words.

**What practices did I find helpful in supporting student learning objectives?
What strategies need improvement?**

How did personal professional development or advancements in my field positively influence my growth as a professional? How did I successfully incorporate it into my practice?

What resources, strategies/skills, or support are necessary for me to continue to make professional growth?

Staff member, in this space, please identify your professional development goal for the coming year (probationary goals should be developed in collaboration with the evaluator).

Administrator Signature

Date

Staff Member Signature*

Date

* The signature of the staff member indicates that he/she has read this review and has knowledge of, but not necessarily agreement with, its content