**NORTH FRANKLIN SCHOOL DISTRICT**

**EVALUATION FORM**

**SPECIAL EDUCATION SPECIALISTS**

*(psychologists, speech language pathologists, physical therapists, occupational therapists)*

Name:       Assignment:

Evaluator:       Date of Evaluation:

Long Form Evaluation Process [ ]  Short Form Evaluation Process [ ]

Date of Observations:

This evaluation summary is the uniform document for reporting demonstrated levels of competence. Any criterion marked needs improvement (N/I) or unsatisfactory (U) must include specific recommendations for improvement.

**Ratings: (S) Satisfactory \*(NI) Needs Improvement \*(U) Unsatisfactory (N/A) Not Applicable**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CRITERION** | **S** | **N/I** | **U** | **N/A** |
| **KNOWLEDGE AND PREPARATION IN THE FILED** | [ ]  | [ ]  | [ ]  | [ ]  |
| **SPECIALIZED SKILLS** | [ ]  | [ ]  | [ ]  | [ ]  |
| **MANAGEMENT OF SPECIAL AND TECHNICAL ENVIRONMENT** | [ ]  | [ ]  | [ ]  | [ ]  |
| **THE SUPPORT PERSON AS A PROFESSIONAL** | [ ]  | [ ]  | [ ]  | [ ]  |
| **INVOLVEMENT IN ASSISTING PUPILS, PARENTS AND EDUCATIONAL PERSONNEL** | [ ]  | [ ]  | [ ]  | [ ]  |
| **OVERALL RATING** |  |  |  |  |
| **EVALUATOR COMMENTS:**  |
| **EMPLOYEE COMMENTS:**  |

Date Evaluator’s Signature

Date Teacher’s Signature

NOTE: The signature of the staff does not imply agreement with the results of this evaluation and only acknowledge having seen the report. The staff shall have the exclusive right to attach his/her own comments, which shall become a part of this report.