The purpose of this form is to document observed Evaluation Standards/Criteria.

| STANDARD                                                                 | EVIDENCE OBSERVED |
|--------------------------------------------------------------------------|-------------------|
| Identification and Evaluation of Speech and Language Disorders           |                   |
| - Screening                                                              |                   |
| - Assessment – administration of a variety of diagnostic tools in the areas of articulation, language, fluency and voice |                   |
| - Determination of caseload (Eligibility Criteria)                       |                   |
| - Scheduling of caseload                                                 |                   |
| - Utilization of school records                                          |                   |
| - Development of Professional Diagnostic Reports                        |                   |
| Implementation of Therapy                                               |                   |
| - Goals and objectives for students (IEP)                                |                   |
| - Daily lesson plans                                                     |                   |
| - Record keeping                                                         |                   |
|    a. Maintains case records                                             |                   |
|    b. Compiles information for required reports                         |                   |
|    c. Written referrals/letters to other professionals                   |                   |
| - Use of traditional and new techniques; exposure to a variety of therapy materials and programs |                   |
| - Development of Behavior Management Systems as it pertains to students on case load |                   |
| - Creativity in therapeutic approach                                    |                   |
| Professional Relationships and Personal Attributes                      |                   |
| - Parents                                                                |                   |
| - School Personnel                                                      |                   |
| - Other professionals                                                    |                   |
| - Professional attitudes and ethics                                      |                   |
| - Dependability and responsibility                                      |                   |
| Compliance with Policies and Procedures                                  |                   |
| - School Site                                                            |                   |
| - Special Education                                                     |                   |
Twin Rivers Unified School District

INFORMAL FEEDBACK FORM-Language-Speech-Hearing Specialist

| Professional Growth                                                                 |
|-------------------------------------------------------------------------------------|
| [ ] Participates in professional development opportunities including those offered |
| through special education department                                                  |
| [ ] Keeps abreast of knowledge in area of expertise                                  |

Comments:

The purpose of this form is to document observed Evaluation Standards/Criteria.
**TWIN RIVERS UNIFIED SCHOOL DISTRICT**
**OBSERVATION FORM**
Language/Speech/Hearing Specialist Evaluation*

| Employee: | School Year: |
|-----------|--------------|
| Site:     | Evaluator:   |
| Date of 1st 2nd Observation: | Post Observation Conference Date: |
| (Circle One) | Observation Form Provided On: |
| Temporary | Probationary 1 | Probationary 2 | Permanent |

| STANDARD | EVIDENCE OBSERVED |
|----------|-------------------|
| Identification and Evaluation of Speech and Language Disorders |
| □ Screening |
| □ Assessment – administration of a variety of diagnostic tools in the areas of articulation, language, fluency and voice |
| □ Determination of caseload (Eligibility Criteria) |
| □ Scheduling of caseload |
| □ Utilization of school records |
| □ Development of Professional Diagnostic Reports |
| Implementation of Therapy |
| □ Goals and objectives for students (IEP) |
| □ Daily lesson plans |
| □ Record keeping |
| a. Maintains case records |
| b. Compiles information for required reports |
| c. Written referrals/letters to other professionals |
| □ Use of traditional and new techniques; exposure to a variety of therapy materials and programs |
| □ Development of Behavior Management Systems as it pertains to students on case load |
| □ Creativity in therapeutic approach |
| Professional Relationships and Personal Attributes |
| □ Parents |
| □ School Personnel |
| □ Other professionals |
| □ Professional attitudes and ethics |
| □ Dependability and responsibility |

*The purpose of this form is to document observed Standard.
The purpose of this form is to document observed Standard of Compliance with Policies and Procedures.

### Compliance with Policies and Procedures

- [ ] School Site
- [ ] Special Education

### Professional Growth

- [ ] Participates in professional development opportunities including those offered through special education department
- [ ] Keeps abreast of knowledge in area of expertise

| STANDARD | EVIDENCE OBSERVED |
|----------|-------------------|
| Comments: |                   |

Employee’s Signature _______________________________ Date ________________

Evaluator’s Signature _______________________________ Date ________________

*The purpose of this form is to document observed Standard.*
### Twin Rivers Unified School District
#### Language/Speech/Hearing Specialist Evaluation Form

| Employee: | School Year: |
|-----------|--------------|
| Site:     | Evaluator:   |

| Date of Goal Setting Meeting: | Date(s) of Observation(s): | Date of Final Evaluation Conference: |
|------------------------------|-----------------------------|---------------------------------------|

- [ ] Temporary
- [ ] Probationary 1
- [ ] Probationary 2
- [ ] Permanent

Overall Evaluation Rating: Improvement Plan [ ] Yes *(Improvement Plan Attached)*
[ ] No

To qualify for the five (5) year evaluation cycle a teacher must:
- Have taught with the Twin Rivers Unified School District more than 10 years.
- Meet HQT criteria.
- Have received an Overall Evaluation Rating* of Met or Exemplar on the previous and current evaluation cycles.

Recommend five (5) year evaluation cycle:
[ ] Yes
[ ] No

### Identification and Evaluation of Speech and Language Disorders

- Screening
- Assessment – administration of a variety of diagnostic tools in the areas of articulation, language, fluency and voice
- Determination of caseload (Eligibility Criteria)
- Scheduling of caseload
- Utilization of school records
- Development of Professional Diagnostic Reports

**STANDARD RATING:** Exemplar

### Observable evidence/Comments:

### Implementation of Therapy

- Goals and objectives for students (IEP)
- Daily lesson plans
- Record keeping
  - Maintains case records
  - Compiles information for required reports
  - Written referrals/letters to other professionals
- Use of traditional and new techniques; exposure to a variety of therapy materials and programs
- Development of Behavior Management Systems as it pertains to students on case load
- Creativity in therapeutic approach

* Previous evaluation language rating designated as Satisfactory or Exceeds.
**Implementation of Therapy**

**STANDARD RATING:** Exemplar

| Observable evidence / Comments: |
|-------------------------------|

**Professional Relationships and Personal Attributes**

- Parents
- School Personnel
- Other professionals
- Professional attitudes and ethics
- Dependability and responsibility

**STANDARD RATING:** Exemplar

| Cite objective and observable evidence / Comments: |
|-------------------------------------------------|

**Compliance with Policies and Procedures**

- School Site
- Special Education

**STANDARD RATING:** Exemplar

| Cite objective and observable evidence / Comments: |
|-------------------------------------------------|

**Professional Growth**

- Participates in professional development opportunities including those offered through special education department
- Keeps abreast of knowledge in area of expertise

**STANDARD RATING:** Exemplar

| Cite objective and observable evidence / Comments: |
|-------------------------------------------------|

**Summary:**

**Commendations:**
**Recommendations:**

| Employee’s Signature | Date |
|----------------------|------|
|                      |      |

| Evaluator’s Signature | Date |
|-----------------------|------|
|                       |      |

The employee’s signature does not necessarily indicate agreement with the evaluation ranking or its contents, but indicates that he/she has received a copy of the evaluation. The Member shall have ten (10) working days from receipt to attach a written response to an evaluation before it is placed in the Member’s personnel file.