Appendix 8j-6

**(8/07)** **EDMONDS SCHOOL DISTRICT NO. 15**

 **Lynnwood, WA 98036-7400**

 **OBSERVATION FORM — *SPEECH-LANGUAGE PATHOLOGIST/AUDIOLOGIST***

Name: Date of Observation:

School(s): Time of Observation:

Subject(s)/Grade(s)/Specialized Services:

This observation is based upon the following criteria and the Professional Growth Goal identified on the Professional Growth Goal Planning Worksheet. The criteria that were observed at this time are circled, and remarks about these circled criteria are written below.

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|  **CRITERIA** |
| A. Possesses a strong knowledge of normal communication development and of the impact on student learning of communication disorders in the processes of hearing, language, and/or speech.B. Establishes a supportive learning environment.C. Is responsible for assessing children’s communication abilities and developing reflective practices.D. Encourages connections among children, families, school, and community.E. Is responsible for enhancing their professional development. |

Scale:

|  |  |
| --- | --- |
| 5 | Outstanding job in demonstrating this competency |
| 4 | Good job in demonstrating this competency |
| 3 | Satisfactory job in demonstrating this competency |
| 2 | Needs to continue to improve to demonstrate this competency |
| 1 | Does not demonstrate this competency  |
| N/O | Not observed  |

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| **PRE-OBSERVATION CONFERENCE** |
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| 1. **Demonstrate knowledge and skills in speech-language pathology and related subject areas (e.g., literacy).**
 | 5 | 4 | 3 | 2 | 1 | N/O |
| 1. Works with individuals at all ability levels and serves a range of disorders, as appropriate for the setting.
 |  |  |  |  |  |  |
| 1. Completes and provides in-services (i.e., completing professional development).
 |  |  |  |  |  |  |
| 1. Demonstrates competence in oral and written communication.
 |  |   |  |  |  |  |
| 1. Organizes work space, materials, and equipment.
 |  |  |  |  |  |  |
| 1. **Provide culturally and educationally appropriate services, and reflect evidence-based practices**.
 | 5 | 4 | 3 | 2 | 1 | N/O |
| 1. Engages students in the session’s activities.
 |  |  |  |  |  |  |
| 1. Provides accurate and appropriate feedback to students individually.
 |   |  |  |  |  |  |
| 1. Implements activities that promote progress on the students’ specific IEP goals.
 |  |  |  |  |  |  |
| 1. Has good behavior management skills.
 |  |  |  |  |  |  |
| 1. Uses the allocated time efficiently and effectively.
 |  |  |  |  |  |  |
| 1. Fosters a positive interaction with students.
 |   |   |  |  |  |  |
| 1. Provides each student with an opportunity for a significant number or responses.
 |  |  |  |  |  |  |
| 1. Includes curricular objectives or materials in the session.
 |  |  |  |  |  |  |
| 1. Develops and executes appropriate therapy plans.
 |  |  |  |  |  |  |
| 1. Demonstrates knowledge and skills necessary for providing or facilitating treatment for children from culturally and linguistically different backgrounds.
 |  |   |  |  |  |  |
| 1. Advocates for appropriate services for students.
 |  |   |  |  |  |  |
| 1. Documents the nature of services and evidence of progress.
 |  |  |  |  |  |  |
| 1. **Partner with the team to determine eligibility and recommend services that are compliant with state and federal regulations for children with IEPs.**
 | 5 | 4 | 3 | 2 | 1 | N/O |
| 1. Prepares adequately for meetings.
 |  |  |  |  |  |   |
| 1. Explains contents of the IEP clearly, using language that parents and other team members understand.
 |  |  |  |  |  |  |
| 1. Explains how speech, language, and hearing goals relate to student success with the curriculum.
 |  |  |  |  |  |  |
| 1. Develops understandable and meaningful goals.
 |  |  |  |  |  |  |
| 1. Responds appropriately to questions and comments of other team members.
 |  |  |  |  |  |  |
| 1. Deals appropriately with conflicts that may occur during the meeting.
 |  |  |  |  |  |  |
| 1. Provides evidence that parent(s) and other team members have been involved in creating IEP content.
 |  |  |  |  |  |  |
| 1. Explains how IEP goals relate to present educational levels.
 |  |  |  |  |  |  |
| 1. Completes documentation within a specific timeline using appropriate forms.
 |  |  |  |  |  |  |
| 1. Contributes appropriate information to transition plans.
 |  |  |  |  |  |  |
| 1. Solicits feedback from parents, teachers, and students about documentation and compliance via checklists and surveys.
 |  |  |  |  |  |  |
| 1. Maintains confidentiality and adheres to the IDEA, Section 504, FERPA, and HIPAA regulations related to documentation and compliance.
 |  |  |  |  |  |  |
| 1. Offers evidence that contributes to the eligibility determination.
 |  |  |  |  |  |   |
| 1. **Demonstrate ability to conduct appropriate comprehensive evaluations for students who may be experiencing a variety of communication disorders**.
 | 5 | 4 | 3 | 2 | 1 | N/O |
| 1. Gathers case history information.
 |  |  |  |  |  |  |
| 1. Uses appropriate formal and informal assessment tools.
 |  |  |  |  |  |  |
| 1. Reports assessment findings in a timely manner.
 |  |  |  |  |  |  |
| 1. Develops appropriate evaluation reports.
 |  |  |  |  |  |  |
| 1. Observes informal and formal testing using a variety of assessment strategies.
 |  |  |  |  |  |  |
| 1. Creates schedules that reflect assessments to be conducted at designated times (i.e., scheduling blocks).
 |  |  |  |  |  |   |
| 1. Demonstrates knowledge and skills necessary for providing or facilitating assessment of children from culturally and linguistically different backgrounds.
 |  |  |  |  |  |  |
| 1. **Provide appropriate and dynamic service delivery methods consistent with the wide variety of individual student needs.**
 | 5 | 4 | 3 | 2 | 1 | N/O |
| 1. Develops activities that promote progress on students’ specific IEP goals.
 |  |  |  |  |  |  |
| 1. Given a reasonable workload, designs a schedule that allows completion of all work activities in an efficient and effective manner.
 |  |  |  |  |  |  |
| 1. Changes activities, feedback, or direction of the session when a student is not understanding or able to demonstrate success with the session goal.
 |  |  |  |  |  |  |
| 1. Records data on student performance during the session.
 |  |  |  |  |  |  |
| 1. **Demonstrate collaboration with classroom teachers and other professionals for students in both general and special education.**
 | 5 | 4 | 3 | 2 | 1 | N/O |
| 1. Respects teachers and other professionals.
 |  |  |  |  |  |  |
| 1. Demonstrates active listening.
 |  |  |  |  |  |  |
| 1. Presents with a professional demeanor.
 |  |  |  |  |  |  |
| 1. Responds professionally to feedback.
 |  |  |  |  |  |  |
| 1. Demonstrates collaborative instruction or co-teaching.
 |  |  |  |  |  |  |
| 1. Demonstrates collaboration in an IEP team meeting and other meetings.
 |  |  |  |  |  |  |
| 1. **Collaborate with families and provide opportunities for families to be involved in the student’s SLP services.**
 | 5 | 4 | 3 | 2 | 1 | N/O |
| 1. Respects students and families.
 |  |  |  |  |  |  |
| 1. Demonstrates active listening.
 |  |  |  |  |  |  |
| 1. Presents with a professional demeanor.
 |  |  |  |  |  |  |
| 1. Responds professionally to feedback.
 |  |  |  |  |  |  |
| 1. Demonstrates collaboration with families in an IEP team meeting and other meetings.
 |  |  |  |  |  |  |
| 1. Shows evidence of communication with families (e.g., parent communication log).
 |  |  |  |  |  |  |
| 1. **Earn continuing education of professional development units sufficient to meet ASHA requirements for certification maintenance as well as state certification and licensing requirements.**
 | 5 | 4 | 3 | 2 | 1 | N/O |
| 1. Completes in-services (i.e., completes professional development).
 |  |  |  |  |  |  |
| 1. Provides in-services (i.e., provides professional development)
 |  |  |  |  |  |  |
| 1. Participates in state, school, or local associations; meetings and conferences; and/or professional learning communities.
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| **Post-observation conference:** |
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Signature of Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_