

**LONGVIEW INDEPENDENT SCHOOL DISTRICT
SPEECH PATHOLOGIST
ANNUAL APPRAISAL**

Name:

Date:

Evaluator(s):

Campus/Location:

Please mark each statement based on the following scale:

EE Exceeds Expected Performance Level
ME Meets Expected Performance Level
BE Below Expected Performance Level

I. THERAPY PROGRAM MANAGEMENT

- A. Demonstrates knowledge of job requirements.
- B. Makes decisions and recommendations based on data, knowledge and experience.
- C. Promotes and maintains a positive therapy climate.
- D. Plans and conducts individual and group therapy sessions according to ARD/IEP recommendations.
- E. Serves as a consultant to teachers in the identification, evaluation, selection and application of appropriate activities with regard for objectives to be achieved.
- F. Demonstrates organizational and communication skills.
- G. Creates an environment conducive to learning and appropriate to the maturity and interests of students.
- H. Processes new referrals, interims, re-evaluations and additional testing requests in a timely and efficient manner.

II. INTERPERSONAL RELATIONSHIPS

- A. Demonstrates positive interpersonal relationships with students.
- B. Demonstrates positive interpersonal relationships with staff.
- C. Demonstrates positive interpersonal relationships with Administrators.
- D. Demonstrates positive interpersonal relationships with parents/community.

III. PROFESSIONAL RESPONSIBILITIES

- A. Participates and/or provides professional growth activities.
- B. Demonstrates a sense of professional responsibility by compiling, maintaining, and filing all reports, records and other documents required by federal, state or district policies.
- C. Complies with state and federal law, Board policy, and Administrative rules and regulations.
- D. Seeks self-improvement opportunities.
- E. Assists in providing continuity in the instructional program by making arrangements toward the integration of students with special needs into regular classes.

SPEECH-LANGUAGE PATHOLOGIST

Comments:

For purposes of this document each party's typed name shall be deemed as an original signature.

Appraiser's Signature

Date

Employee's Signature

Date

My signature indicates this report has been discussed with me. I also understand my signature does not necessarily indicate agreement, and that I have 10 working days to prepare a written response that will be attached to this evaluation. I am aware this evaluation review will be placed in my personnel file.