Clinician Formal Evaluation

(to be submitted April 30th)

Employee Information:

Name of Clinician:_____
Clinician Specialty:_____
School(s):_____

☐ Full Time ☐ Part Time

Evaluation Category:

☐ New Clinican – Year one report ☐ Four year cycle report

Observation Record:

DATE (dd,mm,yy)	Activity

Evaluation Conferences:

Date of pre-evaluation conference: _____
Date of post-evaluation conference: _____

KEY

S Satisfactory - Acceptable level of performance has been met or surpassed
I Improving - Efforts have been made to reach an acceptable level of performance but this level has yet to be attained
NI Needs Improvement – An acceptable level of performance has not been achieved
N/A Not Applicable - Not observed or not applicable

Evaluation Criteria

Section 1 Program Development, Implementation and Assessment

CRITERIA	
Identifies student's needs using a variety of assessment tools and information sources	
Prepares student case plans	
Plans and provides programming based on caseload needs	
Has a good knowledge of discipline subject matter	
Modifies programming to meet student needs	
Maintains consistent and reasonable standards that are consistent with current divisional policy	
Uses a variety of interventions	
Evaluates programs and interventions regularly throughout the year	
Informs administration, parents and staff of student progress as appropriate	
Goals for individuals (and groups if applicable) are clearly outlined, implemented and outcomes assessed	
Assessment information and recommendations are shared in a meaningful and user friendly way with stakeholders (staff, support personnel, parents, clinicians, agencies)	

Comments

Section 2 Intervention Program

CRITERIA	
Referral process is clear and effective	
Record keeping is well maintained (consult notes, recommendations, contact logs)	
Collaboration with all stakeholders (professional staff, support personnel, parents, clinicians, agencies) is evident and effective	
Management of student cases as appropriate	
Participation in IEP planning for students	

Comments

Section 3 Professionalism

CRITERIA	
Takes initiative to improve professionally	
Keeps abreast of developments in clinical area	
Complies with the policies and protocols of the school and the division	
Maintains and promotes a positive attitude	
Deals with situations in a professional manner	
Actively supports the division's goals and objectives	

Comments

STUDENT SERVICES ADMINISTRATOR'S COMMENTS:

RECOMMENDATIONS:

☐ Development and Growth ☐ Continue on Formal ☐ Under Review ☐ (Limited Term- recommended for continued employment)

Signature of Clinician:
☐ **I have read this report and have received a copy.**
☐ **(optional) I have submitted a written, signed response to be attached to the report.**

Clinician's Signature: _____ Date:_____

Signature of Supervisor:

Supervisor's Signature: _____ Date:_____