## STOCKTON UNIFIED SCHOOL DISTRICT EVALUATION FORM SPECIAL DAY COMMUNICATIVELY DISABLED TEACHER AND ISGI SLP

Name:			Site:							
Pre Evaluation Conference	Date:	Mid Year Evalu	uation	Date:		☐ Final Evaluation	Date:			
Special Day Communicatively Dis and regional agencies which supp							ool personn	iel, stud	ent's fa	amilies
<ol> <li>Maturing Beginning Prace</li> <li>Developing Beginning Prace</li> </ol>				(	Commendable) Satisfactory) Needs Improvemer Unsatisfactory)	nt)				
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I. KNOWLEDGE/LEARN	IING ENVIRONMENT									
1. Shows knowledge of students	<u> </u>									
2. Establishes a classroom climate conducive to learning and maintains an effective level of freedom and security in the classroom.										
3. Has a classroom arrangement that is functional for different activities that is also orderly with materials neatly/conveniently stored.										
4. Insists that students exhibit acceptable behavior in the classroom.										
II. PROGRAM/INSTRUCT	TIONAL TECHNIQUE and	STRATEGIES								
1. Develops and implements lear	ning activities related to and	based on student prog	ress.							
2. Maintains appropriate student	records for grading, attenda	nce, on-going progress	(profiles)							
3. Appropriate utilization and pace of instructional time, with transition time between lessons that are smooth with little time wasted.										
4. Is primarily involved with direct instruction, monitoring instruction, and regularly checks the students understanding and comprehension.										
5. Reflects evidence of planning;	including lesson plans and pr	ogress reports.								
6. Sets the objectives and purpos	se of lesson for the students.									
7. Encourages students to initiate and answer questions.										
8. Uses appropriate reinforcement, motivational techniques, and corrects students appropriately.										
9. Ensures that students stay on task and inform students what they may do after completing each assignment/task.										
III. COMMUNICATION										
1. Uses support personnel effective	vely.									
2. Uses effective verbal communication including audibility and articulation.										
3. Maintains an open line of com	munication with parents and	guardians.								
4. Has a pleasant and enthusiastic manner.										
IV. WORK HABITS/RELAT										
1. Flexibility.										

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2. Dependability and punctuality.								
3. Ability to work without direct supervision.								
4. Works well with others.							Į.	
5. Completes paperwork such as logs, progress reports, student attendance, assessment reports and IEP's.								
6. Attends mandatory monthly SLP staff meetings.								
7. Maintains confidentiality of student information which includes IEP's, Logs, Attendance and all other information in compliance with the law.								
V. PROFESS	SIONAL GROWTH							
1. Participates in activities that promote professional growth such as conferences, symposiums and workshops directly related to the SLP profession.								
VIII. OTHER								
1. Performs adjun	ct duties by mutual agreement as prescr	ibed in Article 6.1.1 (c) o	of the collective bargaining agreem	ent.				
2. Contributes to t	he attainment of District goals as establ	ished by the Board of Ed	ducation as evidenced by the site ac	lministrator.				
EVALUATOR'S COMMENTS:		FINAL EV	/ALUATION RATING					
	☐ Commendable	Satisfactory	☐ Needs Improvement	Unsatisfactory				
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		EVALU	JATOR'S RECOMMENDATION					
l recor	nmend this Special Day Communicative	ly Disabled Teacher, ISG	il SLP for continued employment in	their present position.				
l recomi	nend a probationary period to improve	performance for this Sp	ecial Day Communicatively Disable	d Teacher, ISGI SLP position. An impro	vemen	t plan i	s attac	hed.
SELF IMPROVEMENT GOALS:								

The evaluation and assess	sment of the performance of each	n certificated unit employee shall be made on a continuing bas	is as follows:
(a) Once each school year fo	or temporary/probationary personr	nel	
(b) Every other year for pers	sonnel with permanent status not n	neeting the criteria below	
		at least ten (10 years with the district and whose most recent preview of the evaluator may withdraw consent at any time.	ous evaluation rated the
Evaluator's Signature/ Date	SUSD Employee ID	Special Day Communicatively Disabled Teacher, ISGI SLP Signature/ Date	SUSD Employee ID