

**Arlington Heights  
School District 25  
Evaluation Plan  
for  
Occupational  
Therapists  
and  
Physical Therapists**

Summer 2012

## **TABLE OF CONTENTS**

<b>SECTION 1 – OVERVIEW</b>	<b><u>PAGE</u></b>
Mission Statement	4
Belief Statements	4
Committee Members	5
Acknowledgements	5
Explanation of Evaluation Program	6
Definition of Summative Ratings	6
Evaluation Plans	
Plan 1	7
Plan 2	8
Forms Used During the Evaluation Process	9
Evaluation Criteria	11
Evaluation Activities:	
1. Peer Coaching	12
2. Action Research	14
3. Self-Assessment Through Video Recording	16
4. Graduate Course Work	16
5. Development of Teaching Materials/Instructional Units/Programs	17
6. Workshops	17
7. Clinical Observation	18
8. Other	18
 <b>SECTION 2 – SELF-REFLECTION CONTINUUM</b>	
Self-Reflection Continuum	20
 <b>SECTION 3 - FORMS</b>	
Goal-Setting Form	27
Pre-Observation Sheet: Clinical Supervision	28
Dialogue Form	29
Summative Evaluation Form	31
Domain Support Form	33

# **SECTION 1**

## **MISSION STATEMENT**

Arlington Heights School District 25 is committed to providing a superior education for a lifetime of learning. To this end, the district promotes professional growth in a supportive environment for all stages of teaching and support services.

## **BELIEF STATEMENTS**

An effective therapist evaluation process is a significant part of a quality professional growth program. The *Danielson Framework* is structured around a shared understanding of teaching. Therefore, we believe the evaluation process should:

- Support the mission of the school and district.
- Focus on improvement of professional practice in order to increase achievement for all students.
- Reflect effective educational practices that have been derived from mutually established criteria determined between therapists and administrators.
- Encourage professional reflection.
- Emphasize dialogue between therapists and his/her colleagues and dialogue between therapists and administrators.
- Allow for alternative approaches that recognize the abilities and needs of a diverse staff.
- Foster individual achievement and generate positive morale.
- Be manageable in terms of time and resources.
- Be clearly communicated, understood, and consistently implemented throughout the district.

## **COMMITTEE MEMBERS**

The district and the occupational therapists and physical therapists established a joint committee for the purpose of aligning therapist professional development with evaluation. This evaluation plan is based on the *Danielson Framework* and will be implemented beginning Fall 2012.

Susan Black  
Christine Conway  
Christine Dewey  
Dennis Joyce  
Lisa Kramp  
Liz Michalowicz  
Laura Miller  
Amy Noto  
Rebekka Ostergaard  
Ellen Quirk  
Tiffany Sieroslawski  
Kelly Taldone  
Renee Zoladz

## **ACKNOWLEDGEMENTS**

Arlington Heights School District 25 acknowledges the work of Charlotte Danielson in the development of this evaluation plan. Danielson's work, *Enhancing Professional Practice: A Framework for Teaching 2<sup>nd</sup> Edition* was published in 2007 by the Association for Supervision and Curriculum Development (ASCD). The rubric contained in this document is based upon Danielson's frameworks and the professional standards for occupational therapists and physical therapists. ASCD has provided written permission for Arlington Heights School District 25 to reprint the Danielson rubrics.

## **EXPLANATION OF EVALUATION PROGRAM**

Arlington Heights School District 25's professional staff evaluation system for occupational and physical therapists includes two plans.

The definition of each plan is as follows:

Plan 1: Professional Growth Plan for New Staff Member– A one-year evaluation cycle with goal-setting, self-reflection, and based on the therapist evaluation rubric.

Plan 2: Professional Growth Plan for Staff Members with three or more years of service in District 25 and a Proficient rating or above on the last summative evaluation rating – A two-year evaluation cycle with goal-setting, self-reflection, a choice of various methods for evaluation, and based on the therapist evaluation rubric.

Nothing shall preclude an administrator from changing a two-year evaluation cycle to a one-year cycle.

## **DEFINITION OF SUMMATIVE RATINGS**

Distinguished – Therapist is rated at the Distinguished level in all of the domains or educator is rated at the Distinguished level in all of the domains but one. A Proficient rating was earned in the remaining domain.

Proficient – Therapist is rated at least Proficient in all domains.

Basic – Educator is rated as Basic in one or more domains with no Unsatisfactory ratings. Therapist will be evaluated the next school year.

Unsatisfactory – Educator is rated Unsatisfactory in one or more domains. An Unsatisfactory rating requires immediate attention and remediation. Staff members that do not move to a Proficient rating may be dismissed from employment.

The Board, Administration, and the therapists agree to encourage cooperation between building principals, designated administrators, and therapists to improve the quality of teaching and support services as well as eliminate, where practicable, deficiencies noted in the Summative Evaluation.

The building principal or designated administrator of a therapist shall be responsible for the evaluation of all therapists assigned to the principal's or designated administrator's building and/or program.

Every effort shall be made to meet the required evaluation time lines. Should extenuating circumstances cause a deadline to be missed, the circumstances shall be documented in writing. A copy will be forwarded to both the therapist and the Administrator in charge of Personnel.

## EVALUATION PLANS

What:	Evaluation Plan 1	
Who:	Therapists with less than three years of service to District 25	
When & How:	One-Year Evaluation Cycle	
September/October:	Therapist completes Self Reflection Rubric Goal-setting conference	
Before November 1	Clinical Observation Model Pre-conference Observation Post-conference (completed within 5 work days of observation) documented on a Dialogue Form	
Before March 1	Minimum of one additional announced observation (need not be clinical in nature) Observations mutually scheduled in advance Observation must be at least 30 minutes in length Review of performance after each observation Documented on a Dialogue Form	
March 1	Administrator makes recommendation regarding the therapist's continuing employment to the Personnel Department	
Before May 1	Performance Review Meeting between administrator and therapist to: <ul style="list-style-type: none"><li>• Review progress of goals set in the fall</li><li>• Review of Summary Evaluation Report</li></ul>	
Before June 1	The therapist shall be informed in writing of his/her continuing status in the district by the Assistant Superintendent for Personnel and Planning	
Where:		
Forms:	Goals Self-Reflection Rubrics Dialogue Forms Summative Evaluation Rubric	Administrator and Therapist keep copies Therapist keeps copy Administrator and Therapist keep copies Therapist, Administrator, and Personnel Dept.

\* Note: In most instances, a therapist who receives an Unsatisfactory rating on his/her summative evaluation rating will not be rehired for the following school year.

## EVALUATION PLANS

What:	Plan 2	
Who:	Therapist with three or more years of service to the district. Therapist received a “Proficient” rating or higher on last summative evaluation	
When & How:	Two-Year Evaluation Cycle	
<u>Year One</u>		
September/October:	Therapist completes Self-Reflection Rubric Goal-Setting Conference (1 or 2 year goals may be developed) Therapist and administrator choose one or more of the evaluation alternatives Clinical Supervision Peer Coaching Action Research Self-Assessment of teaching through video recording Graduate Course Work – connection with Evaluation Criteria Domains Development of Teaching Materials – connection with Evaluation Criteria Workshops – connection with Evaluation Criteria Domains Other	
Meeting	Administrator and therapist must meet at least once during the year to discuss progress toward the goals and a review of performance in relation to the Evaluation Criteria (may be done in the Spring of Year One or Fall of Year Two)	
Before May 1	Minimum of at least one informal observation May be conducted at any time No required length of time Does not need to be scheduled in advance Requires a Dialogue Form	
<u>Year Two</u>		
September/October	Therapist completes Self-Reflection Rubric Goal-Setting Update – If goals are completed during the first year of the cycle, the therapist and administrator shall establish a goal(s) for the second year of the cycle.	
Before May 1	Minimum of at least one informal observation May be conducted at any time No required length of time Does not need to be scheduled in advance Requires a Dialogue Form	
Before June 1	Performance Review Meeting between administrator and therapist to: Review progress of goals set in the fall Review of Summary Evaluation Report	
Where:		
Forms:	Goals	Administrator and Therapist keep copies
	Self-Reflection Rubrics	Therapist keeps copy
	Dialogue Forms	Administrator and Therapist keep copies
	Summative Evaluation	Therapist, Administrator, and Personnel Dept.



## **FORMS USED DURING THE EVALUATION PROCESS**

### **SELF-REFLECTION CONTINUUMS (page 20)**

Each September the therapist should complete the Self-Reflection Continuum. The Self-Reflection Continuum should be used as a tool for the therapist to identify his/her goals for the goal-setting conference with his/her administrator. The Continuum is to be used for dialogue purposes only and does not need to be shared with the administrator. The Self-Reflection Continuum is kept by the therapist and is not part of the district or administrative file. A building principal or designated administrator may request mid-year that a therapist update his/her Self-Reflection Continuum for purposes of discussion.

Therapist use of the Self-Reflection Continuum and the Goal-Setting processes are designed to encourage professional growth, and enhance instructional effectiveness and collaboration. Therapists are encouraged to establish goals that stretch their abilities, knowledge, and/or experiences.

### **GOAL-SETTING FORM (page 27)**

Goal-Setting Forms are to be used toward documenting goals, activities and evaluation criteria. Therapists are encouraged to establish goals that stretch their abilities, knowledge, and/or experiences without fear that their lack of progress toward a particularly difficult goal may result in a negative Summative Evaluation.

Goals established in the goal-setting process should be jointly agreed upon and documented on the Goal-Setting Form. Two copies of the Goal-Setting Form should be made. Both copies shall be signed by the administrator and signed by the therapist to acknowledge receipt of the Goal-Setting Form. One copy should be retained by the building principal or designated administrator and the therapist should keep the other copy.

### **DIALOGUE FORMS (page 29)**

Dialogue Forms are to be used to document progress toward goal achievement and performance in relationship to the Evaluation Criteria. All observations, both formal and informal, should be documented on a Dialogue Form. Once completed, a copy of each Dialogue Form should be provided to the therapist with the original retained by the building principal or the designated administrator. Dialogue Forms are to be signed by the administrator and therapist to acknowledge receipt of the Form.

### **SUMMATIVE EVALUATION FORMS (page 31)**

Summative Evaluation Forms are used to document the building principal's or designated administrator's evaluation of the therapist's performance in relation to the Evaluation Criteria/Domains. The Summative Evaluation rating is an overall summary which reflects supporting data from the evaluation process.

In addition to the summative rating, the evaluator is required to incorporate narrative comments regarding the performance of the therapist. Comments shall reflect previous discussions as documented on Dialogue Forms, and/or Domain Support Forms, and include suggestions for growth.

#### DOMAIN SUPPORT FORM (page 33)

Domain Support Forms are used to record administrator created goals, directives, recommendations, and/or suggestions designed to improve therapist performance. Domain Support Forms are to be signed by the administrator and therapist to acknowledge receipt of the form. Domain Support Forms will be placed in the therapist's district personnel file. When used, the forms should be completed in triplicate with one copy sent to the district personnel file, one copy retained by the therapist, and one copy retained by the building principal or designated administrator.

#### ADDITIONAL INFORMATION

Announced observations shall be mutually scheduled in advance, shall last for at least thirty (30) minutes or the duration of a mutually agreed upon lesson, and documented on the Dialogue Form. Announced observations need not be clinical in nature. Informal observations do not have to be scheduled in advance and do not need to be of a specific length. Informal observations may be conducted at any time. Administrators are encouraged to provide feedback when or as appropriate.

Nothing in the agreement shall preclude the right of the administrator to determine when a conference with a therapist shall be held prior to the June 1st deadline of the applicable evaluation cycle.

**Arlington Heights School District 25**  
**Occupational Therapist/Physical Therapist Evaluation Criteria**

<b><u>Domain 1: Planning and Preparation</u></b>	<b><u>Domain 2: Professional Practice and Delivery of Service</u></b>
<p>Components:</p> <p>1a: Designing Coherent Programs or Services Aligned with State and National Standards</p> <p>1b: Demonstrating Knowledge of Best Practice and/or Models of Delivery</p> <p>1c: Demonstrating Knowledge of Students and/or Clients</p> <p>1d: Demonstrating Knowledge of Resources</p>	<p>Components:</p> <p>2a: Creating an Environment to Support Student or Client Needs</p> <p>2b: Demonstrating Flexibility and Responsiveness</p> <p>2c: Communicating Clearly and Accurately</p> <p>2d: Delivery of Services to Students or Clients</p>
<b><u>Domain 3: Professional Consultation and Collaboration</u></b>	<b><u>Domain 4: Professional Responsibilities</u></b>
<p>Components:</p> <p>3a: Collaborating with School Community</p> <p>3b: Serving as a Consultant to Staff and Students</p> <p>3c: Providing Resource and Access</p> <p>3d: Maintaining Professional Standards</p> <p>3e: Using Assessment Data in Planning and Delivery of Services</p> <p>3f: Documentation of IEP's and Evaluations</p>	<p>Components:</p> <p>4a: Communicating with Families/Clients</p> <p>4b: Maintaining Student Therapy Files</p> <p>4c: Growing and Developing Professionally</p> <p>4d: Critical Decision Making</p> <p>4e: Professional Commitment</p>

## **EVALUATION ACTIVITIES**

### **1. PEER COACHING**

Peer coaching is a model where peers work together to support each other's professional development within a specific domain. Peer coaching provides objective, professional dialogue and feedback as one learns, practices, and/or refines a strategy.

1. Each peer coaching team consists of two or three therapists who received a rating of "Satisfactory," "Proficient" or above on their last evaluations. Therapists must have the approval of their administrator before Peer Coaching may be used.
2. The peer coach will observe, reflect, provide feedback, and support on a scheduled, consistent basis throughout the school year. The minimum number of required observations shall be two (2) per year. A record sheet should be filled out for each observation.
3. This process will begin with the therapists meeting to discuss and plan the peer coaching focus and activities. The team will develop a clear action plan listing specific behaviors or actions that will take place during planned observations. The data collected is dependent on the goal and might include: a tally sheet, a checklist, videotape, anecdotal records, etc. Data collected during an observation will be shared with the therapist. The proposed plan will be shared in writing with the administrator.
4. Once everything is ready, the observations by the coach are scheduled and conducted. During the observation, the peer coach should only look for the behaviors or activities that were agreed upon. The peer observer/coach is not in the room to pass judgment on the therapist being observed. He or she should simply record what is observable.
5. As soon as possible after the observation period has ended, the observer/coach and therapist should meet to discuss what happened. This session should begin with the observed therapist reflecting on the lesson. Then the observer will share the data that was collected. The feedback should be as objective as possible. For example, the observer might say: "After you corrected Mary, I watched her closely. What she did was..." This approach avoids making a value judgment such as: "You really weren't successful with Mary because..."
6. It is essential in peer coaching that the relationship remain professional and that the observations and discussion of the team remain confidential. Only the therapist being coached should be expected to discuss progress with the administrator. The coach should not be asked for comments by an administrator regarding the progress of the individual being coached.
7. As a final step in the process, the therapist who has been coached will meet with the appropriate administrator to discuss the growth made as a result of the coaching process. Artifacts, video recordings, observation data, reflections, etc. should be shared as a focal point of discussion.

## **PEER COACHING RECORD SHEET**

THERAPIST: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

COACH: \_\_\_\_\_ ADMINISTRATOR: \_\_\_\_\_

Observations and Interactions	Date Completed
1. Established goal is:	<div></div>
2. Met with Peer Coach to Discuss:	<div></div>
A. Focus of observation:	
B. Method(s) of data collection:	
C. Date and time of observation:	
3. Plan has been shared with administrator	<div></div>
4. Conduct observation	<div></div>
5. Conference with peer coach to discuss observation	<div></div>
6. Meet with administrator to discuss outcome and present the data, artifacts, video recordings, etc.	<div></div>
7. Submit and discuss written reflection on your peer coaching experience with administrator.	<div></div>

\_\_\_\_\_  
Therapist Signature and Date

\_\_\_\_\_  
Coach Signature and Date

## **EVALUATION ACTIVITIES**

### **2. ACTION RESEARCH**

Action research is a systematic, self-reflective, scientific inquiry process conducted by therapists to improve a specific practice and/or a personal understanding of that practice. It examines a problem that is solvable and utilizes current research and best practice. The completed action research plan should be shared in writing with the administrator. See Action Research Record Sheet.

#### Components of Action Research

All action research will include the following components:

1. Problem statement/Domain (“What I want to improve”) – a short narrative description of the problem and its relationship to the Evaluation Criteria
2. Hypothesis (“What I think will happen”) – an “if...then...” statement that connects the intervention to the problem
3. Procedure (“What I will do”) – a step-by-step description of what you will do
4. Description of results (“What happened”) – organized and recorded data in written and/or graphic form
5. Reflection/conclusion (“What I learned”) – implications based on the results of research

#### Example of Action Research

1. Problem Statement: Students are having difficulty organizing and retaining information.
2. Hypothesis: If the students are provided with organizational strategies, then more information will be retained.
3. Procedure:
  - a. review literature
  - b. investigate current resources
  - c. attend workshops
  - d. measure current level of functioning
  - e. determine appropriate strategies to be implemented
  - f. instruct students on use of strategies
  - g. implement strategies
  - h. collect multiple measurements over time
  - i. analyze and reflect on data
  - j. share results
4. Description of Results: Results are recorded through the use of one or more of the following: diaries, logs, journals, students’ work, portfolios, checklists, surveys, questionnaires, videos, interviews, etc.
5. Reflection/Conclusion: The therapist will reflect on the results and explain in writing whether or not the results supported the hypothesis and how this information will be used to help students with their organizational strategies in the future.

**ACTION RESEARCH RECORD SHEET**  
(Please feel free to use additional pages if necessary)

Therapist: \_\_\_\_\_ School Year: \_\_\_\_\_

Principal: \_\_\_\_\_ Building: \_\_\_\_\_

Components and Interactions:

Date Reviewed  
and Approved

1. Problem Statement (“What I want to improve”):

\*This problem statement relates to the following  
Domain from the Self-Reflection Continuum:

2. Hypothesis (“What I think will happen”):  
(an if...then... statement)

3. Procedure (“What I will do”):

Date Completed

4. Description of results (“What happened”):

5. Reflections/Conclusion (“What I learned”):\*\*

6. Meet with the administrator to discuss outcome and  
present data, artifacts, videotapes, etc.

\*\*Note: Results, reflections, and conclusions will be presented in writing to the administrator upon  
completion of your action research.

## **EVALUATION ACTIVITIES**

### **3. SELF-ASSESSMENT THROUGH VIDEO RECORDING**

Video recording is an opportunity for therapists to analyze and reflect on their teaching. Therapists will focus on a particular domain/component of the Evaluation Criteria.

The therapist should write a lesson plan stating the objectives, the related domain/component, and a brief procedure. Then the therapist should video record a lesson that demonstrates the particular domain that he/she has chosen to address. After reviewing the video recording, the therapist should address the following questions in a written reflection.

- \*To what extent were the learning objectives for this lesson achieved?
- \*How do the interactions and discussions seen in the video recording illustrate students' efforts toward the stated objectives?
- \*What was your role in this lesson?
- \*How did the procedures and teaching strategies help in reaching the learning objectives?
- \*How might you conduct this learning experience differently if you were to do it again?
- \*Discuss your progress towards your domain/component goal.

### **4. GRADUATE COURSE WORK**

Graduate course work provides therapists with an opportunity to enhance and enrich their knowledge and skill. It may also be used to gain additional licensure. The course work should focus on a particular domain/component of the Evaluation Criteria and connect to the therapist's goals.

The therapist should provide a report that includes:

1. Title of the course(s)
2. Date and duration
3. Relationship to the component(s) and/or domain(s) of the evaluation criteria
4. Purpose: Knowledge and skills the therapist hoped to gain through enrollment in this course
5. A 1-2 page written summary of the knowledge and skills gained through the completion of the course
6. Evidence of completion of course work



## **EVALUATION ACTIVITIES**

### **5. DEVELOPMENT OF TEACHING MATERIALS/INSTRUCTIONAL UNITS/PROGRAMS**

Curriculum projects include the development of teaching materials, instructional units, programs, etc. Projects should focus on a particular domain/component of the Evaluation Criteria and connect to the therapist's goals.

Projects need to include the following:

1. Cover Page
2. Table of Contents (if needed)
3. Purpose of the Project
4. Goals/Objectives
5. Materials, Activities, Therapist Resources
6. Assessments/Evaluation
7. References

### **6. WORKSHOPS**

Workshops, seminars and conferences provide therapists with opportunities to enhance and enrich their knowledge and skill. The workshops that are selected should focus on a particular domain/component of the Evaluation Criteria and connect to the therapist's goals.

The therapist should provide a report that includes:

1. Title of the workshop(s)
2. Date and duration
3. Relationship to the component(s) and/or domain(s) of the evaluation criteria
4. Purpose: Knowledge and skills the therapist hoped to gain through enrollment in this workshop
5. A 1-2 page written summary of the knowledge and skills gained through the completion of the workshop
6. Evidence of completion of workshop

## **7. CLINICAL OBSERVATION**

Clinical supervision is the process of conferring with and observing a therapist to provide feedback about the teaching/learning process and to help the therapist facilitate his/her own professional growth.

Prior to a formal classroom observation, a pre-conference form will be completed by the therapist and discussed with the evaluator at the pre-conference. The goals of the pre-conference will be for the therapist to:

- specify the goals and objectives of the lesson;
- specify the outcomes expected to be achieved;
- delineate what will be the evidence of student achievement;
- clarify how this lesson fits into the bigger picture (or the longer range plan);
- state the teaching strategies that will be used; and
- indicate specific feedback/data the therapist would like gathered, focusing on an area of growth from the Evaluation Criteria/Domains.

A minimum of one formal observation will normally occur after the pre-conference. Within five (5) work days of the observation(s) a post-conference will be held focusing on the above discussed items as well as any additional topics identified by the evaluator or therapist. This five-day time frame may be extended by mutual agreement between the therapist and the administrator.

In the post-conference both the therapist and the evaluator will reflect on the items discussed in the pre-conference and any additional topics. Both therapist and evaluator will share their impressions and assessments of the lesson and the data supporting such. A summary of the post-conference discussion will be noted on the Dialogue Form.

## **8. OTHER**

Other activities may be selected if agreed upon by the therapist and administrator. These activities should focus on a particular domain/component of the Evaluation Criteria/Domains and connect to the therapist's goals.

The therapist should provide a report that includes:

1. Title of the activity
2. Date and duration
3. Relationship to the component(s) and/or domain(s) of the evaluation criteria
4. Purpose: Knowledge and skills the therapist hoped to gain through participation in this activity
5. A 1-2 page written summary of the knowledge and skills gained through the completion of the activity

# **SECTION 2**

**OCCUPATIONAL THERAPIST & PHYSICAL THERAPIST  
SELF – REFLECTION CONTINUUM  
A PROFESSIONAL CONTINUING LEARNING SPECTRUM**

**Therapists**– Please highlight where you think you are in the fall in one color  then January in another color  and at the end of the year in May in a third color.  This rubric needs to be completed before the appropriate conference with your administrator. Please bring this with you to the conference. This is for dialogue purposes only and will not be put into your district personnel file. The therapist will retain this document.

**OCCUPATIONAL THERAPIST/PHYSICAL THERAPIST  
DOMAIN 1: PLANNING AND PREPARATION**

<b>Level of Performance</b>				
<b>ELEMENT</b>	<b>UNSATISFACTORY</b>	<b>BASIC</b>	<b>PROFICIENT</b>	<b>DISTINGUISHED</b>
<b>1a. Designing Coherent Programs or Services Aligned with State and National Standards</b>	The program is not aligned to state/national standards and/or resources; activities are inappropriate in nature for the group being served.	The program is partially aligned to state/national standards and/or the activities partially support the needs of the clients being served.	The program is aligned to state/national standards, and the activities are appropriate and educationally relevant for those being served.	The program is aligned to state/national standards and the activities are appropriate and educationally relevant for those being served and are shared with a variety of members of the school community, as applicable.
<b>1b. Demonstrating Knowledge of Best Practice and/or Models of Delivery</b>	Little or no knowledge of best practices and/or models of delivery are identified and/or they are inappropriate for the group being served or the setting in which it is implemented.	There is partial knowledge of best practices and/or models of services indicated in the plan that will meet the needs of most of those being served.	Solid knowledge of best practices and/or models of delivery of services are indicated in the plan and the selected practices are appropriate to those being served.	There is a deep knowledge of the practices/models of delivery indicated in the plan which are appropriate to those being served and extend into applications in the school community beyond the school.
<b>1c. Demonstrating Knowledge of Students and/or Clients</b>	Little to no knowledge of the developmental, learning, social, and cultural needs of the students or clients is demonstrated in the plan.	There is partial knowledge of the developmental, learning, social and cultural needs of the clients demonstrated in the plan.	There is a full knowledge of the developmental, learning, social, and cultural needs of the students or clients demonstrated in the plan.	There is a deep knowledge of the IEP plan and the developmental, learning, social, and cultural needs of the students or clients.
<b>1d. Demonstrating Knowledge of Resources</b>	Little to no knowledge of how to select and/or access resources to support the program and understanding of the program are demonstrated	There is partial knowledge of how to select and/or access the resources and an emerging understanding of how the resources support the needs of the program.	There is a solid knowledge of the resources available and how to access them and they are used to extend knowledge of the program at the building level.	There is a deep knowledge of the resources available and an understanding of how to access them within the school community and beyond and they are used to extend the knowledge of the program beyond the school setting.

**OCCUPATIONAL THERAPIST/PHYSICAL THERAPIST**  
**DOMAIN 2: PROFESSIONAL PRACTICE AND DELIVERY OF SERVICE**

Level of Performance				
ELEMENT	UNSATISFACTORY	BASIC	PROFICIENT	DISTINGUISHED
<b>2a: Creating an Environment to Support Student or Client Needs</b>	Interaction with at least some staff and students is negative, demeaning, sarcastic, or inappropriate. Students exhibit disrespect for the specialist. Specialist allows or encourages interactions between others that mirror the above	Interactions are generally appropriate but may indicate a disregard for the needs of the students and/or their culture. Students exhibit only minimal respect for the specialist. The students in the setting do not demonstrate disrespect for each other.	The interactions are friendly and demonstrate general caring and respect. Interactions are appropriate to the age and culture of the students and they exhibit respect for the specialist. Interactions in settings between students are generally polite and respectful	Interactions with students reflect genuine respect and caring for individuals as well as the group. Students appear to trust the specialist with sensitive information. Students in the setting reflect the same characteristics when interacting with others.
<b>2b: Demonstrating Flexibility and Responsiveness</b>	The specialist rigidly adheres to his/her plan, even when change is clearly needed. The specialist brushes aside the concerns or questions of the students. When the program is not successful the specialist blames the students/stakeholders or the environment.	The specialist attempts to adjust the program when needed with partial success. The specialist attempts to accommodate the concerns and questions of the students with partial success. The specialist accepts responsibility for the program but has a limited repertoire of strategies.	The specialist makes minor adjustments to the program which enhances the success. The specialist successfully accommodates questions for the students. The specialist accepts responsibility for the program and works to include students/stakeholders who are resistant. The specialist has a broad repertoire of strategies.	The specialist makes major adjustments to the program when needed to guarantee the effectiveness of the program. The specialist seizes the opportunity to enhance the program through work with others. The specialist persists in seeking effective approaches for students, has a broad repertoire of strategies, and solicits additional resources for the program.
<b>2c: Communicating Clearly and Accurately</b>	The purpose of the communication is unclear or confusing to the students. It may contain inappropriate language and/or major errors when speaking or in writing.	The purpose of the communication is vague with clarifications after initial response from students. The explanation is uneven and may be difficult to follow. There are few errors in speaking or writing.	The purpose of the communication is clear to all and the content is appropriate and connects with students' knowledge and experience. There are no errors in speaking or writing.	The purpose of the communication is clear to all and the content is differentiated to meet the needs of the readers. There are no errors in speaking and writing.
<b>2d: Delivery of Services to Students or Clients</b>	The setting is not safe and/or some students do not have appropriate access to services. Considerable time is lost in delivery of services due to the managing of procedures by the specialist. Routines are ineffective resulting in significant loss to time. Standards of conduct are not clearly established and result in loss of time.	The setting is safe, and at least essential services are accessible to most students. Some time is lost in the delivery of services due to the managing of procedures by the specialist. Routines function moderately well with some loss of time. Standards of conduct may be established but are not consistent.	The setting is safe, and the services are equally accessible to all students. Effective systems for the delivery of services result in little loss of instructional time. Routines occur smoothly with little loss of time. Standards of conduct are established and generally consistent.	The specialist advocates for accessibility of services for all students. Systems for performing delivery of services are well established and optimize the time for services. Routines are seamless and optimize the time for delivery of services. Standards of conduct are well established and consistent.

**OCCUPATIONAL THERAPIST/PHYSICAL THERAPIST  
DOMAIN 3: PROFESSIONAL CONSULTATION AND COLLABORATION**

<b>Level of Performance</b>				
<b>ELEMENT</b>	<b>UNSATISFACTORY</b>	<b>BASIC</b>	<b>PROFICIENT</b>	<b>DISTINGUISHED</b>
<b>3a: Collaborating with School Community</b>	The specialist declines or resists collaboration with others in the design of the program to meet the needs of the school.	The specialist collaborates with others in the design of the program but is only partially successful in meeting the needs of the school.	The specialist collaborates with others in the design of the program and meeting the needs of the school.	The specialist collaborates with others in the design of the program and seeks input from all levels to assure the needs of the school/district are being met.
<b>3b: Serving as a Consultant to Staff and Students</b>	The specialist does not serve as a consultant to the staff/students.	The specialist serves as a consultant to the staff/students but the services may be inconsistent.	The specialist serves as a consultant to the staff/students and shares expertise with others frequently.	The specialist serves as a consultant to the staff/students and seeks ways to share expertise within the school setting and beyond.
<b>3c: Providing Resource and Access</b>	The specialist fails to locate and provide the resources to support the needs to the students or must be directed to do so. The specialist is not accessible to students.	The specialist locates resources to support the program but they may be limited to only giving them to the student when requested to do so. The specialist is accessible to the students upon request.	The specialist locates resources to support the program that supports the needs of the school and clients. The specialist is accessible and shares his/her expertise with the staff to support the accurate use of the resources.	The specialist locates resources to support the program and the needs of the school and clients. The specialist is accessible and shares his/her expertise with the staff to support the accurate use of the resources. The specialist seeks and provides resources beyond the school setting to enhance the program.
<b>3d: Maintaining Professional Standards</b>	The specialist resists application of best practice and may select inappropriate means of delivering the program and/or does not follow established procedures and guidelines.	The specialist attempts to apply best practice but may do so inconsistently. The specialist does follow the established procedures and guidelines.	The specialist applies best practice consistently in the school setting. The specialist follows all established procedures and guidelines. The specialist shares finding, as appropriate.	The specialist applies best practice consistently in the school setting. The specialist follows all established procedures and guidelines. The specialist draws from a broad repertoire of strategies and shares expertise and findings with others, including sources of research
<b>3e: Using Assessment Data in Planning and Delivery of Services</b>	The specialist fails to seek and use data to inform the planning and delivery of services to the school and/or the data is in disarray.	The specialist seeks and uses data to inform some aspects of planning and delivery of services but implementation is inconsistent.	The specialist seeks and uses data to inform all aspects of planning and delivery of services and implementation is consistent.	The specialist seeks and uses data to inform planning and delivery of services. The specialist shares the data with others as appropriate to enhance the services provided to students. The specialist is a mentor to others.
<b>3f: Documentation of IEP's and Evaluations</b>	The documentation is unclear to students/staff/parents and may contain inaccurate or incomplete information. Goals are not measurable.	The documentation is vague and clarifications may be needed. Evaluations are basic with no interpretation.	The documentation is clear to all and encompasses all aspects of the students' needs. Goals are measurable, clear and concise.	The specialist is a mentor and provides consultation to others in regards to written evaluations and goal setting.

**OCCUPATIONAL THERAPIST/PHYSICAL THERAPIST  
DOMAIN 4: PROFESSIONAL RESPONSIBILITIES**

<b>Level of Performance</b>				
<b>ELEMENT</b>	<b>UNSATISFACTORY</b>	<b>BASIC</b>	<b>PROFICIENT</b>	<b>DISTINGUISHED</b>
<b>4a: Communicating with Families/Clients</b>	The specialist provides little or no information about the program to families or clients. The communication with others may be inappropriate and insensitive. The communication is not provided in a timely manner.	The specialist participates in required activities related to communication but offers little additional information. Responses to families/clients are minimal. The specialist makes modest and partially successful attempts to engage families and others in the program. Information is provided in a timely manner.	The specialist provides frequent information to families and clients about the program. Communication about progress and other related information is on a regular basis and addresses the concerns of the families/clients	The specialist provides frequent information about the program and seeks additional input on how to improve the program. Communication about progress and other related information is frequent and addresses the concerns of the families/clients. The specialist is successful in engaging the program both inside the school setting and beyond. Information is provided in a timely manner and is thorough.
<b>4b: Maintaining Student Therapy Files</b>	Maintaining student files (daily note, treatment plan, data collection) is limited to entries of completion only and in disarray. There is no apparent system for maintaining information related to students or it is in disarray. The specialist records are in such disarray that it results in error and/or confusion.	Maintaining student files (daily note, treatment plan, data collection) system is rudimentary and only partially effective. The information related to students is partially present. The records are accurate but require frequent monitoring by the specialist to avoid errors or confusion.	Maintaining student files (daily note, treatment plan, data collection) system is complete and effective. The information on progress of students is complete and used to effectively report progress. The information is effectively used to improve the program or services.	Maintaining student files (daily note, treatment plan, data collection) system is complete and effective, and the specialist seeks input from others. The information is complete and effectively used to report progress. The input from others is used to improve services.
<b>4c: Growing and Developing Professionally</b>	The specialist does not demonstrate how he/she takes part in professional development and uses the knowledge to improve practice. The specialist does not take an active part in the professional learning community both within the school setting and beyond.	The specialist demonstrates how he/she has taken part in professional development that is required and makes some connections to how the knowledge was used to improve practice. The specialist takes part in the professional learning community only to the extent to which it is required.	The specialist demonstrates how he/she has actively sought professional development related to the program and used it to improve practice. The specialist provides inservice to other professionals.	The specialist demonstrates how he/she takes an active part in professional development through a leadership role and how he/she helps others to use the knowledge to better practice. The specialist leads the professional learning community within the school setting and mentors others.
<b>4d: Critical Decision Making</b>	The specialist does not know whether the program was effective or the goals were achieved using data. The specialist has no suggestions for how the program could be improved or how the goals could have been met.	The specialist has a generally accurate impression of the program's effectiveness and the extent to which goals were met using data. He/she can make general suggestions about how to improve the program or to meet goals for the next cycle.	The specialist makes an accurate assessment of the effectiveness of the program and the extent to which goals were met using data. He/she can make a few specific suggestions of what could be tried to improve the program and meet the goals for the next cycle.	The specialist makes a thorough and accurate assessment of the effectiveness of the program and the extent to which they met goals with data. He/she draws upon an extensive repertoire of skills and offers specific alternate actions on how to improve the program and meet the goals.



<b>4c: Professional Commitment</b>	<p>The specialist frequently does not arrive to work on time and/or has excessive absences. The therapist is often late for staff, department, and committee meetings. The therapist does not consistently participate in school open houses and parent-teacher conferences.</p>			<p>The specialist consistently arrives to work on time and does not have excessive absences. The therapist regularly participates in open houses, parent-teacher conferences and arrives on time for staff, department, and committee meetings.</p>
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# **SECTION 3**

## Goal Setting Form

Therapist:

School:

Position:

Administrator:

Professional Growth Plan (circle) 1   2   3

Evaluation Activity:

Date of Self-Reflection and Goal Setting:

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Reference to Professional Practice Domain:

Statement of goal(s):

Activities to meet the goal(s):

Resources needed for goal activities:

Therapist reflection on progress toward goal(s):

Administrator's Signature\_\_\_\_\_ Therapist's Signature\_\_\_\_\_

**PRE-OBSERVATION SHEET**  
**CLINICAL SUPERVISION**

Name \_\_\_\_\_ School/Administrator \_\_\_\_\_

Date of Pre-conference \_\_\_\_\_ Date/Time of Observation \_\_\_\_\_

Grade Level/Curriculum Area Observed \_\_\_\_\_ Date Post. Conf. \_\_\_\_\_

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1. Instructional/Therapeutic Objective(s):
  - What are the goals for the lesson?
  - What do you want the student(s) to learn?
  - Why are the goals suitable for this student or group of students?
  
2. Instructional/Therapeutic Plan: Include provision for anticipatory set, modeling and explanatory activities, specific guided and independent student tasks
  - How do you plan to engage the student(s) in the content? What will you do? What will the student(s) do?
  - What difficulties do the student(s) typically experience in this area, and how do you plan to anticipate these difficulties?
  
3. Instructional/Therapeutic Materials: This instructional/therapy plan will be regarded as an integral part of the observation.
  - What instructional materials or other resources, if any, will you use? Attach sample materials you will be using in the lesson.
  
4. Evaluation/Summation/Follow-up:
  - How do you plan to assess student(s) achievement of the goals? What procedures will you use? Attach any tests or performance tasks with rubrics or scoring guides.
  
5. Any additional information you want to share re: student, techniques, program, location for observer during observation, etc...:
  
6. Observational Focus:

**Therapist Dialogue Form**

**Therapist:**

**School:**

**Position:**

**Evaluation Activity:**

**Professional Growth Plan 1 2**

**School Year:**

**Administrator:**

<b><u>Domain 1: Planning and Preparation</u></b>	<b><u>Therapist/Administrator Dialogue Notes</u></b>
<p>Components: 1a: Designing Coherent Programs or Services Aligned with State and National Standards 1b: Demonstrating Knowledge of Best Practice and/or Models of Delivery 1c: Demonstrating Knowledge of Students and/or Clients 1d: Demonstrating Knowledge of Resources</p>	
<b><u>Domain 2: Professional Practice and Delivery of Service</u></b>	<b><u>Therapist/Administrator Dialogue Notes</u></b>
<p>Components: 2a: Creating an Environment to Support Student or Client Needs 2b: Demonstrating Flexibility and Responsiveness 2c: Communicating Clearly and Accurately 2d: Delivery of Services to Students or Clients</p>	

<b><u>Domain 3: Professional Consultation and Collaboration</u></b>	<b><u>Therapist/Administrator Dialogue Notes</u></b>
Components: 3a: Collaborating with School Community 3b: Serving as a Consultant to Staff and Students 3c: Providing Resource and Access 3d: Maintaining Professional Standards 3e: Using Assessment Data in Planning and Delivery of Services 3f: Documentation of IEP's and Evaluations	
<b><u>Domain 4: Professional Responsibilities</u></b>	<b><u>Therapist/Administrator Dialogue Notes</u></b>
Components: 4a: Communicating with Families/Clients 4b: Maintaining Student Therapy Files 4c: Growing and Developing Professionally 4d: Critical Decision Making 4e: Professional Commitment	

Administrator's Signature\_\_\_\_\_

Therapist's Signature\_\_\_\_\_  
 (Acknowledges receipt of Dialogue Form)

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

**Therapist Summative Evaluation Form\***

**Therapist:**

**School:**

**Position:**

**Evaluation Activity:**

**Professional Growth Plan 1 2**

**School Year:**

**Administrator:**

<b><u>Domain 1: Planning and Preparation</u></b>	<b><u>Comments</u></b>
Components: 1a: Designing Coherent Programs or Services Aligned with State and National Standards 1b: Demonstrating Knowledge of Best Practice and/or Models of Delivery 1c: Demonstrating Knowledge of Students and/or Clients 1d: Demonstrating Knowledge of Resources	

<b>Rating – Domain 1</b>	<b>UNSATISFACTORY</b>	<b>BASIC</b>	<b>PROFICIENT</b>	<b>DISTINGUISHED</b>
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<b><u>Domain 2: Professional Practice and Delivery of Service</u></b>	<b><u>Comments</u></b>
Components: 2a: Creating an Environment to Support Student or Client Needs 2b: Demonstrating Flexibility and Responsiveness 2c: Communicating Clearly and Accurately 2d: Delivery of Services to Students or Clients	

<b>Rating – Domain 2</b>	<b>UNSATISFACTORY</b>	<b>BASIC</b>	<b>PROFICIENT</b>	<b>DISTINGUISHED</b>
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<b><u>Domain 3: Professional Consultation and Collaboration</u></b>	<b><u>Comments</u></b>
Components: 3a: Collaborating with School Community 3b: Serving as a Consultant to Staff and Students 3c: Providing Resource and Access 3d: Maintaining Professional Standards 3e: Using Assessment Data in Planning and Delivery of Services 3f: Documentation of IEP's and Evaluations	

<b>Rating – Domain 3</b>	<b>UNSATISFACTORY</b>	<b>BASIC</b>	<b>PROFICIENT</b>	<b>DISTINGUISHED</b>
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<b><u>Domain 4: Professional Responsibilities</u></b>	<b><u>Comments</u></b>
Components: 4a: Communicating with Families/Clients 4b: Maintaining Student Therapy Files 4c: Growing and Developing Professionally 4d: Critical Decision Making 4e: Professional Commitment	

<b>Rating – Domain 4</b>	<b>UNSATISFACTORY</b>	<b>BASIC</b>	<b>PROFICIENT</b>	<b>DISTINGUISHED</b>
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Summative Rating:

\_\_\_\_\_ Distinguished      \_\_\_\_\_ Proficient      \_\_\_\_\_ Basic      \_\_\_\_\_ Unsatisfactory

Administrator's Signature \_\_\_\_\_

Therapist's Signature \_\_\_\_\_  
(Acknowledges receipt of Summative Evaluation)

Date of Conference \_\_\_\_\_  
\*To be included in the district personnel file



## Domain Support Form\*

Therapist:

School:

Position:

Administrator:

Professional Growth Plan (circle) 1 2

Evaluation Activity:

Date of Goal Setting Conference:

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Reference to Professional Practice Domain:

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Statement of concern:

Strategies to address concern:

Timetable and resources to address concern:

Evaluation of progress:

Administrator's Signature\_\_\_\_\_

Therapist's Signature\_\_\_\_\_

\*To be included in the district personnel file