SCHOOL DISTRICT OF GADSDEN COUNTY

SCHOOL PSYCHOLOGIST

PERFORMANCE APPRAISAL

Name _____ **Position** _____

School / Dept. _____ **School Year**_____

1. PLANNING / PREPARATION

Category Definitions
1. Participate in child study team planning strategies or Individual Education Plans (IEPs) to help meet the needs of identified students.
2. Select, develop or modify psychological assessment materials that identify learning needs of students with diverse cultural and socioeconomic background, learning styles and special needs.
3. Establish short- and long-range plans designed specifically to support the District's exceptional education plan.
4. Plan and prepare intervention strategies for parents and teachers that are effective, allowing students to become engaged in meaningful learning experiences.

Source Code (circle choices)

A. Behavioral Event Interview	B. Direct Documentation	C. Indirect Documentation	D. Training Programs Competency Acquisition	E. Evaluatee Provided	F. Confirmed Observation

Rating Code (circle one)

Unsatisfactory	Needs Improvement	Effective	Very Effective	Outstanding

SCHOOL PSYCHOLOGIST (Continued)

2. ADMINISTRATIVE / MANAGEMENT

Category Definitions

5. Prepare and maintain periodic records as required and in a timely manner.
6. Manage materials and equipment effectively.
7. Coordinate and implement school-wide and District-wide psychological services and activities.
8. Use technology effectively.
9. Manage time efficiently.

Source Code (circle choices)

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Rating Code (circle one)

Unsatisfactory	Needs Improvement	Effective	Very Effective	Outstanding

3. ASSESSMENT / EVALUATION

Category Definitions

10. Analyze and interpret information to make diagnoses and recommendations regarding needs for services.
11. Provide follow-up conferences with parents and teachers to share information and develop alternative instructional strategies.
12. Evaluate school psychological services.
13. Seek out new data sources which will provide evidence of student growth and share these findings with teachers, principals and other instructional leaders.
14. Conduct comprehensive follow-up with tested students to determine the effectiveness and implementation levels of recommendations.

Source Code (circle choices)

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SCHOOL PSYCHOLOGIST (Continued)

4. INTERVENTION / DIRECT SERVICES

Category Definitions

15. Suggest a variety of realistic and effective intervention strategies for teachers to use with students with different learning styles and special needs.
16. Assist in early identification of students' school-related problems.
17. Work effectively with students, parents, colleagues, community agencies and staff.
18. Provide direct observation and / or crises intervention as necessary.
19. Recognize overt indicators of student distress or abuse and take appropriate action.
20. Demonstrate knowledge and understanding of a broad curriculum base.

Source Code (circle choices)

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Rating Code (circle one)

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5. COLLABORATION

Category Definitions

21. Consult with parents, teachers, administrators and other school staff to facilitate the learning and adjustment of students.
22. Use effective consultative behaviors.
23. Interpret educational policies, programs and procedures for parents.

Source Code (circle choices)

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SCHOOL PSYCHOLOGIST (Continued)

6. STAFF DEVELOPMENT

Category Definitions

24. Conduct inservice training for faculty and staff.
25. Demonstrate professional growth and continuous improvement of professional knowledge and skills.
26. Participate in District-sponsored staff development programs.

Source Code (circle choices)

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Rating Code (circle one)

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7. PROFESSIONAL RESPONSIBILITIES

Category Definitions

27. Act in a professional and ethical manner and adhere at all times to the Professional Code of Ethics and Standards of Professional Conduct.
28. Prepare all required reports and maintain all appropriate records.
29. Mentor new colleagues.
30. Perform and fulfill professional responsibilities.
31. Perform other duties as assigned.

Source Code (circle choices)

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SCHOOL PSYCHOLOGIST (Continued)

8. STUDENT GROWTH / ACHIEVEMENT

Control Dimension

32. Conduct psychological work services program in a manner which ensures that student growth / achievement is continuous and appropriate for age group, subject area and student program classification. Indicators may include: case history and follow-up reports, criterion and norm-referenced standardized tests, documented parent interaction reports, student study team reports, student academic and / or discipline records and others deemed appropriate.

Provide leadership in the implementation of the Sunshine State Standards, Florida Writes, Florida Comprehensive Assessment Test (FCAT) and other tests designed and adopted to measure student achievement.

(Special Note)
An effective or higher rating is required in this job context category in order to be eligible for an overall effective or higher rating.

Source Code (circle choices)

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Rating Code (circle one)

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9. ASSESSMENT AND OTHER SERVICES

Control Dimension

The use of the adopted performance appraisal system for instructional and other employees.
The accurate and timely filing of all school reports.
The completion of required professional development services.
The analyzing and reporting of the results of the School Improvement Teams' efforts on student performance.

Assist in establishing and maintaining a positive collaborative relationship with the students' families to increase student achievement.

(Special Note)
An effective or higher rating is required in this job context category in order to be eligible for an overall Effective or higher rating.

Source Code (circle choices)

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Rating Code (circle one)

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SCHOOL PSYCHOLOGIST (Continued)

<u>**OVERALL RATING: (enter total scores)**</u>

Input from parents and teachers was collected and analyzed in preparation of this report.

Unsatisfactory _____ **Needs Improvement** _____ **Effective** _____ **Very Effective** _____ **Outstanding** _____

Comments of the Evaluatee:

_____
_____
_____
_____

Comments of the Evaluator:

_____
_____
_____
_____

This evaluation has been discussed with me: Yes _____ No _____

_____

Signature of Evaluatee   **Date**

_____

Signature of Evaluator   **Date**