



Oxnard Union High School District

Certificated Employee Observation/Evaluation Report Form- Speech Therapist

Name: _____ Site: _____

Administrator: _____

Type of Observation: Formal Informal

Employment Status: Temporary Probationary I Probationary II Permanent

Pre Conference 1 or 2 Date _____

Identify the specific Student-Speech Therapist behaviors that will demonstrate achievement of the Area of Investigation. State specifically what will be observed.

California Standards for Speech Therapist to be Evaluated:
(Check only those standards that were observed during the observation session)

Observation 1 or 2 Date _____

25. Pre-Referral Process <input type="checkbox"/> Standard Met <input type="checkbox"/> Standard Not Met		
	Observed	Not Observed
A. Assists in the Processing of Student Referrals		
Comments (Including recommendations/commendations):		



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26. Assessment and Reporting <input type="checkbox"/> Standard Met <input type="checkbox"/> Standard Not Met		
	Observed	Not Observed
A. Gathers a Variety of Background Data		
B. Utilizes a Variety of Tests, Diagnostic Procedures and Writes Reports		
Comments (Including recommendations/commendations):		

27. Developing and Implementing the IEP <input type="checkbox"/> Standard Met <input type="checkbox"/> Standard Not Met		
	Observed	Not Observed
A. Provides Required Information Needed for IEP Development		
B. Developing the IEP in Accordance with Legal Requirements		
C. Developing and Implementing the IEP		
Comments (Including recommendations/commendations):		



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28. Professional Responsibilities <input type="checkbox"/> Standard Met <input type="checkbox"/> Standard Not Met		
	Observed	Not Observed
A. Adheres to District, State and Federal Guidelines		
B. Staff Development		
Comments (Including recommendations/commendations):		

Post Conference 1 or 2 **Date** _____

After sharing the observation data, compare what happened with what was desired. Reflect on what helped and what hindered and why.

Next Steps

Improvements / New Strategies

Administrator Comments:

Signature of Evaluator: _____

Date: _____

Signature of Speech Therapist: _____

Date: _____

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