

**SPEECH LANGUAGE PATHOLOGIST ASSISTANT  
Summative Appraisal Form**

Name \_\_\_\_\_

School Location \_\_\_\_\_

Appraisal Period: From \_\_\_\_\_ to \_\_\_\_\_

Date of Review \_\_\_\_\_

**Directions**

The following statements describe the employee who achieves success. Based on cumulative performance information, the evaluator estimates the employee's effectiveness in meeting each criterion. Rate each criterion using the scale below that most closely describes the employee's attainment of that criterion. For each domain, a comment area is provided for general statements and/or recommendations.

**Rating Scale**

- |          |                              |  |
|----------|------------------------------|--|
| <b>5</b> | <b>Clearly Outstanding:</b>  | Performance is consistently far superior to what is normally expected.                 |
| <b>4</b> | <b>Exceeds Expectations:</b> | Performance demonstrates increased proficiency and is consistently above expectations. |
| <b>3</b> | <b>Meets Expectations:</b>   | Performance meets expectations and presents no significant problems.                   |
| <b>2</b> | <b>Below Expectations:</b>   | Performance is consistently below expectations and significant problems exist.         |
| <b>1</b> | <b>Unsatisfactory:</b>       | Performance is consistently unacceptable.  |
| <b>0</b> | <b>Not Applicable</b>        |  |

**JOB PERFORMANCE STATEMENTS**

**Therapy**

- \_\_\_\_ 1. Plans and provides appropriate individual and group therapy to students consistent with speech and language goals contained in Individual education Plans (IEP).
- \_\_\_\_ 2. In collaboration with the Speech Pathologist evaluates student progress and determines readiness for termination of therapy services.

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

**Assessment**

- \_\_\_\_ 3. Assist Speech Pathologist in conducting independent evaluations to assess students with speech or language disorders and conditions to determine eligibility for services.
- \_\_\_\_ 4. Assists Speech Pathologist in the Development of clinical management strategies or procedures and diagnostic statements by interpreting observations or data.

- \_\_\_\_5. Participates in the Admission, Review, and Dismissal (ARD) Committee as needed to assist in interpretation of assessment data, appropriate placement, and goal setting for students with communication disorders or conditions according to district procedures through the supervision of the Speech Pathologist.

**COMMENTS:** \_\_\_\_\_

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### **Consultation**

- \_\_\_\_6. Counsels and involves parents in remedial process.
- \_\_\_\_7. Collaborates with classroom teachers to plan and implement classroom activities to improve communication skills of students.
- \_\_\_\_8. Provides professional development in assigned schools to help school personnel identify and understand communication deficits in students.
- \_\_\_\_9. Communicates effectively with colleagues, students, and parents regarding the accomplishment of therapy goals and needs of the student.

**COMMENTS:** \_\_\_\_\_

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### **Student Management**

- \_\_\_\_10. Creates an environment conducive to learning and appropriate for the maturity level and interests of students.
- \_\_\_\_11. Establishes control and administers discipline according to the Student Code of Conduct and student handbook.

**COMMENTS:** \_\_\_\_\_

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### **Program Management**

- \_\_\_\_12. Work with Speech Pathologist to develop and coordinate a continuing evaluation of speech-language pathology services and makes changes based on the findings.
- \_\_\_\_13. Assists in the selection of equipment and instructional materials.

**COMMENTS:** \_\_\_\_\_

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### **Administration**

- \_\_\_\_14. Compiles, maintains, and files all physical and computerized reports, records, and other required documents.

\_\_\_\_15. Complies with policies established by federal and state laws, State Board of Education rule, and board policy.

\_\_\_\_16. Complies with all district and campus routines and regulations.

\_\_\_\_17. Participates in professional development activities to improve skills related to job assignment.

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

**Other**

\_\_\_\_18. Performs other duties assigned by supervisor.

\_\_\_\_19. Maintains confidentiality of information.

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

**Supervisory Responsibilities**

None

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

What strengths does \_\_\_\_\_ possess?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are some improvements \_\_\_\_\_ can make to ensure a higher degree of success for students on this campus/department?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summative Conference Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation of Evaluator: I have read and received a copy of this evaluation. I have reviewed this instrument.

- Renewal and/or Extension of Assignment
- Non-renewal of Assignment
- Termination of Assignment
- Non-extension of Assignment

\_\_\_\_\_ Date

Administrator (Print Name)

\_\_\_\_\_ Date

Administrator (Signature)

\_\_\_\_\_ Date

Employee's Signature