

**LICENSED PHYSICAL THERAPIST ASSISTANT (PTA)
Summative Appraisal Form**

Name _____

School Location _____

Appraisal Period: From _____ to _____

Date of Review _____

Directions

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

Rating Scale

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

JOB PERFORMANCE STATEMENTS

School Climate

- ____1 Plans and provides direct services consistent with physical therapy goals as determined by student evaluation performed by the supervising physical therapist and as established by the students Individual Educational Plan (IEP).
- ____2. Evaluates student progress and determines readiness for termination of physical therapy services under the supervision of the Physical Therapist.
- ____3. Designs, constructs and alters equipment. Provides students with adaptive equipment and devices.
- ____4. Participates in the Admission, Review and Dismissal (ARD) Committee to assist with interpretations of assessment data and the writing of students' Individual Education Plans (IEP).
- ____5. Sets up scheduling for physical therapy services.
- ____6. Works directly with the Physical Therapist to schedule required evaluations.
- ____7. Assists with wheelchair and equipment evaluations.
- ____8. Consults with parents, classroom teachers and students in regards to students' gross motor abilities, adaptive equipment needs and functional mobility needs.
- ____9. Assists Physical Therapist in the assessment of students' campus accessibility and functional mobility.

COMMENTS: _____

Other

- ____ 10. Maintains confidentiality at all times.
- ____ 11. Perform other duties as assigned by supervisor.

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

Administrator (Print Name) Date

Administrator (Signature) Date

Employee's Signature Date