

**COORDINATOR, SPEECH LANGUAGE PATHOLOGIST  
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. Ensures that student progress is evaluated on a regular basis and that findings are used in making decisions to improve program effectiveness as it relates to specific student needs.
- \_\_\_\_2. Functions as a liaison between the school and the family in student assessment and interpretation of test results.
- \_\_\_\_3. Works with staff to plan, implement and evaluate IEPs on a regular basis.
- \_\_\_\_4. Performs comprehensive individual assessments of students using appropriate instruments to assess speech and language performance.
- \_\_\_\_5. Conducts/participates in the Admission, Review, and Dismissal (ARD) Committee to assist in interpretation of assessment data, appropriate placement, and goal setting for students with communication disorders or conditions according to district procedures.
- \_\_\_\_6. Ensures that ARD Committee meetings and speech initial and reevaluation assessments are conducted in a timely manner according to federal regulations.
- \_\_\_\_7. Ensures effective delivery of services to eligible students.

- \_\_\_\_8. Maintains contact with current research practices and legislative guidelines affecting Special Education as it relates to the Speech/Language Program.
- \_\_\_\_9. Provides initial contact for all three year-olds with speech and language disabilities.
- \_\_\_\_10. Provides professional development to help district personnel identify and understand communication disorders in students.
- \_\_\_\_11. Supervises Licensed Speech/Language Pathology Assistants and Speech Aide(s).
- \_\_\_\_12. Assists in the selection of equipment and instructional materials.
- \_\_\_\_13. Compiles, maintains and submits required documents pertaining to students receiving speech therapy services.
- \_\_\_\_14. Performs additional duties and accepts other responsibilities as may be assigned.

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

\_\_\_\_\_

**Supervisory Responsibilities**

- \_\_\_\_15. Supervises Speech/Language Pathologists/Assistants and Communication Aides employed in the district.

**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