

COORDINATOR, EDUCATIONAL DIAGNOSTICIAN
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

- | | | |
|----------|------------------------------|--|
| 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

Assessment

- _____ 1. Ensures that the district is meeting evaluation timelines by assigning overflow testing within the school district.
- _____ 2. Reviews evaluation logs to ensure evaluation timelines are being met and assign assistance as needed to meet timelines.
- _____ 3. Assists other evaluation staff with difficult cases concerning student eligibility.
- _____ 4. Attends regional trainings and disseminate pertinent information to evaluation staff.
- _____ 5. Attends training on new or revised testing instruments and train district evaluation staff accordingly.
- _____ 6. Reviews full and individual evaluations for consistency, readability, and appropriate interpretation.
- _____ 7. Provides mentoring for new evaluation staff.
- _____ 8. Evaluates requests for evaluations/protocols and coordinate ordering testing instruments as needed.
- _____ 9. Selects and administers formal and informal assessments to determine student eligibility for special education services according to federal and state guidelines.
- _____ 10. Consults and communicate with evaluation staff, parents, coordinators and campus staff concerning the education needs of students and the interpretation of evaluation data.
- _____ 11. Assists Special Education Director with compiling and submitting State Performance Plan Indicators and other data required by TEA.

- _____ 12. Complies with federal and state law and local board policy in the area of evaluation and planning for special education services.
- _____ 13. Complies with all district and local campus routines and regulations.
- _____ 14. Effectively communicates with colleagues, students, and parents.
- _____ 15. Demonstrates behavior that is professional, ethical, and responsible.
- _____ 16. Demonstrates awareness of school-community needs and initiate activities to meet those identified needs.
- _____ 17. Assist with observation of and oversight of resource, inclusion and coteach instructional models and programs.
- _____ 18. Provide and share feedback with teachers, campus administrators, and Chief Special Program Officer for observations conducted in resource, inclusion and coteach classrooms

COMMENTS: _____

Other

- _____ 19. Performs other duties assigned by supervisor.
- _____ 20. Maintains confidentiality of information.

COMMENTS: _____

Supervisory Responsibilities

- _____ 21. Communication and Coordination of all District Educational Diagnosticians and ARD Facilitators

COMMENTS: _____

What strengths does _____ possess?

COMMENTS: _____

What are some improvements _____ of success for students on this campus/department?

COMMENTS: _____

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's Signature

Date

Employee's Signature

Date