

**EDUCATIONAL DIAGNOSTICIAN  
Summative Appraisal Form**

Name \_\_\_\_\_ 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. Receives student referrals and implements the evaluation process.
- \_\_\_\_2. Selects and administers formal and informal assessments to determine student eligibility for special education services according to federal and Texas Education Agency regulations.
- \_\_\_\_3. Collects and organizes relevant assessment data from student's cumulative folder, classroom teacher(s), principal, support staff, parents, and outside resource people.
- \_\_\_\_4. Conducts classroom observation and personal interviews.
- \_\_\_\_5. Conducts/participates in the Admission, Review, and Dismissal (ARD) Committee to assist with interpretation of assessment data, appropriate placement, and development of Individual Education Plans (IEP) for students according to district procedures.

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

\_\_\_\_\_

**Consultation**

- \_\_\_\_6. Provides staff development training in assigned schools to assist school personnel in identification and understanding of students with disabilities.
- \_\_\_\_7. Assists classroom teachers with implementation of IEP.
- \_\_\_\_8. Consults parents concerning the educational needs of students and interpretation of assessment data.
- \_\_\_\_9. Consults parents, teachers, administrators, and other relevant individuals to enhance their work with students.

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

**Program Management**

- \_\_\_\_10. Develops and maintains effective individual and group relationships with students and parents.
- \_\_\_\_11. Assists in the selection of assessment materials and equipment.
- \_\_\_\_12. Develops and coordinates a continuing evaluation of the assessment program and makes changes based on findings.
- \_\_\_\_13. Compiles, maintains, and files all physical and computerized reports, records, and other documents required.
- \_\_\_\_14. Complies with policies established by federal and state law, State Board of Education rule, and local board policy in the areas of assessment, placement, and planning for special education services.
- \_\_\_\_15. Complies with all district and local campus routines and regulations.
- \_\_\_\_16. Participates in professional development activities to improve skills related to job assignment.

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

**Communication**

- \_\_\_\_17. Maintains a positive and effective relationship with supervisors.
- \_\_\_\_18. Effectively communicates with colleagues, students, and parents.

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

**Other**

- \_\_\_\_19. Performs other duties assigned by supervisor.
- \_\_\_\_20. Maintains confidentiality of information.

**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's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date