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 mother 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:_____

_____

Personal Care Services

_____ 12.   Demonstrated the competence necessary to perform the eligible PCS tasks required by the student.

_____ 13.   Participated in competence verification by a licensed health care provider for PCS Activities.

_____ 14.   Understanding and competence to perform PCS services must include, but is not limited to:
Appropriate techniques for providing PCS, including written documentation procedures for SHARS;
Appropriate techniques for managing adverse behaviors of the student;
Basic body mechanics, mobility and techniques for transferring students;
Communication skills, including but not limited to techniques for communicating through alternative modes with persons with communication or sensory impairments;
Any additional PCS required for a student with disabilities

_____ 15.   Compile, maintain, and submit reports, records, and other documents, as required, including but not limited to documentation of delivered IEP services as related to PCS

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