



Waseca Public Schools  
Independent School Dist. 829

Probationary Psychologist Formative Evaluation Form

Psychologist:	Observation/Review Date:
Evaluator:	School:
Setting Observed:	Subject:

N/A= Not Assessed      U= Unsatisfactory      B= Basic      P= Proficient      D= Distinguished

Year Proficiency (P)  
Expected  
1 2 3

**Domain 1: Planning and Preparation**

**Performance Level**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1a: Demonstrating knowledge and skill using standard educational assessments to evaluate students	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1b: Demonstrating knowledge of child and adolescent development and psychopathology	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1c: Establishing goals for the psychology program appropriate to the setting and the students served	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1d: Demonstrating knowledge of District, state, and federal regulations Related to special education, 504, and Gen. Ed. Standards	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1e: Planning the psychology program, integrated with the regular school Program, to meet the needs of individual students and including prevention	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1f: Developing a plan to evaluate the psychology program	NA	U	B	P	D

Comments:

**Domain 2: The Classroom Environment**

**Performance Level**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2a: Show genuine concern for student success by demonstrating positive Interpersonal relationships with students and parents	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2b: Establishing a culture for positive mental health throughout the school	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2c: Establishing and maintaining clear procedures for referrals	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2d: Establishing standards of conduct in the testing environment	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2e: Organizing physical space for testing of students, and storage of materials	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2f: Organizing time effectively	NA	U	B	P	D

Comments:

**Domain 3: Instruction**

**Performance Level**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3a: Responding to referrals; consulting with teachers, related service Providers and administrators	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3b: Evaluating student needs in compliance with National Association Of School Psychologists (NASP) guidelines	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3c: Chairing evaluation teams and membership on support service teams	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3d: Planning interventions to address students' mental health, behavior, And/or academic difficulties	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3e: Maintaining contact with physicians and community mental health Service providers	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3f: Demonstrating flexibility and responsiveness	NA	U	B	P	D

Comments:

**Domain 4: Professional Responsibilities**

**Performance Level**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4a: Reflecting on Practice	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4b: Communicating assessment results with families	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4c: Maintaining accurate records	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4d: Participating in a professional community	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4e: Engaging in professional development	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4f: Showing professionalism	NA	U	B	P	D

Comments:

Overall Comments:

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**My signature below acknowledges that I have received a copy of my evaluation dated \_\_\_\_\_. I was also provided the opportunity to view and discuss this evaluation.**

**Initials and date indicate that professional has received but does not agree with evaluation. Signature and date indicate that professional has received and agrees with evaluation.**

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_