



**Waseca Public Schools
Independent School Dist. 829**

Probationary Psychologist Summative 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:

- Recommend Continued Employment
- Recommend Continued Employment with Support
- Recommend Non-Renewal due to Performance

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: _____