

SANTEE SCHOOL DISTRICT
Certificated Evaluation
Assistance Plan
One form for each area of concern

Name:	Date:
Schools:	Assignment/ Grade Level:

The Assistance Plan below identifies the area of concern:

Standard:

- Consult and Collaborate with School Staff and/or Families to Engage and Support Students in Learning – *Standard 1*
- Promote and Maintain a Safe and Supportive Learning Environment – *Standard 2*
- Provide Crisis Intervention Services – *Standard 3*
- Planning Instruction and Designing Learning Experiences for Students – *Standard 4*
- Assessing Student Learning Patterns – *Standard 5*
- Developing as a Professional School Psychologist – *Standard 6*

Specific goal(s) for improvement:

Plan for assistance (includes strategies for school psychologist, timelines, resources or support):

Plan for monitoring progress:

Evaluation criteria/evidence of standard attainment:

School Psychologist's Signature: _____ Date _____

Evaluator's Signature: _____ Date _____

FORM 15

SANTEE SCHOOL DISTRICT

Formal Certificated Observation Assistance Plan

To be completed at least four (4) times during the evaluation year

Teacher			Date	
Site	Day: M T W Th F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beginning Time	Duration of Observation	
Lesson Objective			Subject of Activity Observed	

Observed: It is not anticipated that each area will necessarily be observed in any given observation. Check item if observed. Check specific elements if appropriate.

- Consult and Collaborate with School Staff and/or Families to Engage and Support Students in Learning – *Standard 1*
- Promote and Maintain a Safe and Supportive Learning Environment – *Standard 2*
- Provide Crisis Intervention Services – *Standard 3*
- Planning Instruction and Designing Learning Experiences for Students – *Standard 4*
- Assessing Student Learning Patterns – *Standard 5*
- Developing as a Professional School Psychologist – *Standard 6*

Evaluator's comments:

School psychologist's analysis and reflection:

Post conference summation:

School Psychologist's Signature: _____ Date _____

Evaluator's Signature: _____ Date _____

Evaluatee's signature does not constitute endorsement of evaluator's comments but acknowledges that an observation has taken place.

Distribution: Evaluator & Evaluatee

SANTEE SCHOOL DISTRICT

Assistance Plan

Mid-Year Evaluation

Name:	Date:
Schools:	Assignment/ Grade Level:

Feedback and recommendations of evaluator:

Satisfactory Unsatisfactory

School Psychologist's Signature: _____ Date _____

I intend to complete an Employee Comment, Reflections or Feedback form.

Evaluator's Signature: _____ Date _____

Form Due: January 31

Distribution: Evaluator, Evaluatee & Personnel File

FORM 17

SANTEE SCHOOL DISTRICT
Assistance Plan
Final Evaluation

Name:	Date:
Schools:	Assignment/ Grade Level:

Feedback and recommendations of evaluator:

Satisfactory Unsatisfactory

School Psychologist's Signature: _____ Date _____

I intend to complete an Employee Comment, Reflections or Feedback form.

Evaluator's Signature: _____ Date _____

Form Due: May 20

Distribution: Evaluator, Evaluatee & Personnel File

FORM 18

SANTEE SCHOOL DISTRICT
Assistance Plan
Employee Comments, Reflections or Feedback
(Optional)

Name:	Date:
Schools:	Assignment/ Grade Level:

Employee's comments, reflections or feedback:

School Psychologist's Signature: _____ Date _____

If utilized by the employee, this form must be forwarded by the employee to the Human Resources Department to be placed in the personnel file with the evaluation documents.