

# SANTEE SCHOOL DISTRICT Pre-Evaluation Form Plan to Demonstrate Competency Track I

Complete four (4) forms, one for each of four (4) State standards

Name	Date	
Site	Assignment/Grade Level	(Include current year) <input type="checkbox"/> Temporary _____ years <input type="checkbox"/> Probationary _____ years <input type="checkbox"/> 1 <sup>st</sup> Year Tenured

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) addressed by this plan:

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

Plan for monitoring progress:

School Psychologist's Signature: \_\_\_\_\_ Date\_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date\_\_\_\_\_

*Four (4) Pre-Evaluation Forms Due: Oct 15*

*Distribution: Evaluator, Evaluatee & Personnel File*

FORM 1

# SANTEE SCHOOL DISTRICT

## Formal Certificated Observation

### Track I

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

Name			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 & Personnel File*

# SANTEE SCHOOL DISTRICT

## Track I

### Mid-Year Evaluation

Name		Date
Site	Assignment/Grade Level	(Include current year) <input type="checkbox"/> Temporary _____ years <input type="checkbox"/> Probationary _____ years <input type="checkbox"/> 1 <sup>st</sup> Year Tenured

Feedback and recommendations of evaluator:

Satisfactory       Unsatisfactory

School Psychologist's Signature: \_\_\_\_\_ Date \_\_\_\_\_

I intend to complete an Employee Comment, Reflections or Feedback form. (Form 5)

Evaluator's Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Form Due: January 31*

FORM 3

Distribution: Evaluator, Evaluatee & Personnel File

# SANTEE SCHOOL DISTRICT

## Track I

### Final Evaluation

Name		Date
Site	Assignment/Grade Level	(Include current year) <input type="checkbox"/> Temporary _____ years <input type="checkbox"/> Probationary _____ years <input type="checkbox"/> 1 <sup>st</sup> Year Tenured

Feedback and recommendations of evaluator:

Satisfactory  Unsatisfactory

School Psychologist's Signature: \_\_\_\_\_ Date \_\_\_\_\_

I intend to complete an Employee Comment, Reflections or Feedback form. (Form 5)

Evaluator's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Form Due: March 1

FORM 4

Distribution: Evaluator, Evaluatee & Personnel File

**SANTEE SCHOOL DISTRICT**  
**Track I**  
**Employee Comments, Reflections or Feedback**  
**(Optional)**

Name		Date
Site	Assignment/Grade Level	(Include current year) <input type="checkbox"/> Temporary _____ years <input type="checkbox"/> Probationary _____ years <input type="checkbox"/> 1 <sup>st</sup> Year Tenured

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.