

Speech Language Pathologist Performance Evaluation Rubric

The *Performance Evaluation Rubric* is intended to be scored holistically. This means that evaluators will assess which level provides the best *overall* description of the Therapist or Nurse.

Domain A: Planning and Preparation					
		Ineffective	Developing	Skilled	Accomplished
Domain A: Planning and Preparation	A1: Demonstrating knowledge and skill in the specialist therapy area	Therapist demonstrates little or no knowledge and skill in the therapy area.	Therapist demonstrates basic knowledge and skill in the therapy area.	Therapist demonstrates thorough knowledge and skill in the therapy area.	Therapist demonstrates extensive knowledge and skill in the therapy area.
	Evidence				
	A2: Acquiring of information about individual learners	The therapist does not acquire knowledge of individual students as learners.	The therapist acquires little knowledge or information about individual students as learners from a limited number of sources.	The therapist acquires detailed information about individual students as learners from a variety of sources, and/or in an ongoing manner.	The therapist acquires extensive and detailed information about individual students as learners from a variety of sources, and in an ongoing manner and uses that knowledge to plan an effective and individualized program for each student.
	Evidence				
	A3: Establishing individual goals for the therapy program appropriate to the setting and the students served.	Therapist has no clear goals for the individual therapy programs or they are inappropriate to either the situation or to the age of the students.	Therapists' goals for the individual therapy program are rudimentary and are partially suitable to the situation and to the age of the students.	Therapist's goals for the individual therapy program are clearly appropriate to the situation in the school, to the age of the students and address individual learning styles.	Therapist's goals for the individual therapy program are highly appropriate to the situation in the school, to the age of the students and address individual learning styles.
	Evidence				

Domain A: Planning and Preparation					
		Ineffective	Developing	Skilled	Accomplished
Domain A: Planning and Preparation	A4: Demonstrating knowledge of district, state, and federal regulations and guidelines.	Therapist demonstrates little or no knowledge of special education laws and procedures.	Therapist demonstrates basic knowledge of special education laws and procedures.	Therapist demonstrates knowledge of special education laws and procedures.	Therapist's knowledge of special education laws and procedures is extensive; specialist takes a leadership role in reviewing and revising district policies.
	Evidence				
	A5: Demonstrating knowledge of resources, both within and beyond the school and district	Therapist demonstrates little or no knowledge of resources for students available through the school or district.	Therapist demonstrates basic knowledge of resources for students available through the school or district.	Therapist demonstrates thorough knowledge of resources for students available through the school or district and some familiarity with resources outside the district.	Therapist demonstrates extensive knowledge of resources for students available through the school or district and in the larger community.
	Evidence				
	A6: Demonstrating valid assessment and interpretation	The therapist is unable to select appropriate diagnostic instruments.	The therapist selects and administers diagnostic instruments without consideration of team/parent input.	The therapist selects and administers diagnostic instruments and procedures based on the student's developmental level, areas of concern and team/parent input. The therapist gathers information on how the student's developmental disorder affects educational performance.	The therapist selects and administers a diagnostic instrument and procedures based on the student's developmental level, areas of concern, and team/parent input. The therapist gathers comprehensive information on how the student's developmental disorder affects educational performance.
	Evidence				
	A7: Developing the therapy program integrated with IEP goals to meet the needs of the individual student	Therapist has developed services for students that are unrelated to IEP goals.	Therapist has developed services for students that have a guiding principle and include a number of worthwhile activities but some do not fit with the broader IEP goals.	Therapist has developed a therapy program that adequately meets the needs of the student as defined in the IEP to support progress toward IEP goals.	Therapist has developed a therapy program that is consistent with best practice to effectively service the student to support progress towards IEP goals.
Evidence					

Domain B: Therapy Environment

Domain B: Therapy Environment	B1: Establishing rapport with students	Therapist's interactions with students are negative or inappropriate; students appear uncomfortable in the testing and therapy area.	Therapist's interactions with students are both positive and negative; the therapist's efforts at developing rapport are partially successful.	Therapist's interactions with students are positive and respectful; students appear comfortable in the testing and therapy area.	Therapists' interactions with all students demonstrate a positive, caring rapport and mutual respect. Interactions are inclusive and appropriate. Students seek out the therapist, reflecting a high degree of comfort and trust in the relationship.
	Evidence				
	B2: Organizing time effectively	Therapist exercises poor judgment in setting priorities, resulting in confusion, missed deadlines, and conflicting schedules.	Therapist's time-management skills are moderately well developed; essential activities are carried out, but not always in the most efficient manner.	Therapist exercises good judgment in setting priorities, resulting in clear schedules and important work being accomplished in an efficient manner.	Therapist demonstrates excellent time-management skills, accomplishing all tasks in a seamless manner; teachers and students understand their schedules.
	Evidence				
	B3: Sets behavioral expectations for students in the therapy setting.	No behavioral expectations have been established and therapist disregards or fails to address negative behavior during evaluation or treatment.	Behavioral expectations appear to have been established for the therapy setting. Therapist's attempt to monitor and correct negative student behavior during evaluation and treatments are partially successful.	Behavioral expectations for students have been established for the therapy setting. Therapist monitors student behavior against those standards; response to students is appropriate and respectful.	Behavioral expectations for students have been established for the therapy setting. Therapist's monitoring of students is subtle and preventative, and students engage in self-monitoring behavior.
	Evidence				

Domain C: Evaluation and Intervention						
		Ineffective	Developing	Skilled	Accomplished	
Domain C: Evaluation and Intervention	Direct Student Services	C1: Follows established procedures for referrals	Therapist does not follow established district procedures for referrals	Therapist inconsistently follows established district procedures for referrals.	Therapist adequately follows established district procedures for referrals and for meetings and consultations with parents and administrators.	Therapist consistently follows established district procedures for all aspects of referral and testing protocols.
		Evidence				
		C2: Responding to referrals and evaluating student needs	Therapist fails to respond to referrals or makes hasty assessment of students needs.	Therapist responds to referrals when pressed and makes adequate assessments of student needs.	Therapist responds to referrals and makes thorough assessment of student needs.	Therapist is proactive in responding to referrals and makes highly competent assessments of student needs.
	Evidence					
	C3: Communicating with families	Therapist fails to communicate with families and secure necessary permission for evaluations or communicates in a insensitive manner.	Therapist's communication with families is partially successful; not always adhering to required deadlines; permissions are obtained, but there are occasional insensitivities to cultural and linguistic traditions.	Therapist communicates with families and secures necessary permission for evaluations adhering to required timelines, doing so in a manner sensitive to cultural and linguistic traditions.	Therapist secures necessary permissions adhering to required timelines and communicates with families in a manner highly sensitive to cultural and linguistic traditions. Therapist reaches out to families of students to enhance trust.	
	Evidence					
C4: Collecting information; writing reports	Therapist neglects to collect important information on which to base treatment plans; reports are inaccurate or not appropriate to the audience.	Therapist collects most of the important information on which to base treatment plans; reports are accurate but lacking in clarity and not always appropriate to the audience.	Therapist collects all the important information on which to base treatment plans; reports are accurate and appropriate to the audience.	Therapist is proactive in collecting important information, interviewing teachers and parents if necessary; reports are accurate and clearly written and is tailored for the audience.		
Evidence						

Domain C: Evaluation and Intervention					
		Ineffective	Developing	Skilled	Accomplished
	C5: Implements therapy services to maximize student success	Therapist fails to develop therapy services suitable for students, or plans are mismatched with the findings of assessments.	Therapist's services for students are partially suitable for them or sporadically aligned with identified needs. They are not always individualized to specific student needs.	Therapist implements therapy services for students that are suitable for them and are aligned with identified needs.	Therapist implements therapy services for students, finding ways to creatively meet student needs and incorporate many related elements.
	Evidence				
	C6: Demonstrating flexibility and responsiveness	Therapist adheres to the therapy services in spite of evidence of its inadequacy.	Therapist makes modest changes in the student's therapy services when confronted with evidence of the need for change.	Therapist makes revisions in the student's therapy services when they are needed.	Therapist is continually seeking ways to improve the student's therapy services and makes changes in response to student, parent or teacher input.
	Evidence				

Domain D: Professionalism					
		Ineffective	Developing	Skilled	Accomplished
Domain D: Professionalism	D1: Collaborating with staff	Therapist is not available to staff or questions and planning and declines to provide background material when requested.	Therapist is available to staff for questions and planning and provides background material when requested.	Therapist initiates contact with relevant staff to confer regarding individual cases.	Therapist seeks out relevant staff and other professionals to confer regarding cases, soliciting their perspectives on individual students.
	Evidence				
	D2: Maintaining an effective data management system	Therapist's data management system is either nonexistent or in disarray; it cannot be used to monitor student progress or to adjust treatment when needed.	Therapist has developed a rudimentary data management system for monitoring student progress and occasionally uses it to adjust treatment when needed.	Therapist has developed an effective data management system for monitoring student progress and uses it to adjust treatment when needed.	Therapist has developed a highly effective data management system for monitoring student progress and uses it to adjust treatment when needed.
	Evidence				
	D3: Engaging in professional development	Therapist does not participate in professional development activities, even when such activities are clearly needed for the development of skills.	Therapist's participation in professional development activities is limited to those that are convenient and required.	Therapist seeks out opportunities for professional development based on individual assessment of need.	Therapist actively pursues professional development opportunities and makes a substantial contribution to the profession through such activities as offering workshops to colleagues, supervision of fieldwork students.
	Evidence				
	D4: Showing professionalism, including integrity, advocacy and maintaining confidentiality	Therapist displays dishonesty in interactions with colleagues, students, and the public and violates principles of confidentiality.	Therapist is honest in interactions with colleagues, students, and the public, plays a moderate advocacy role for students, and does not violate norms of confidentiality.	Therapist displays high standards of honesty, integrity, and confidentiality in interactions with colleagues, students and the public and advocates for students when needed.	Therapist can be counted on to hold the highest standards of honesty, integrity, and confidentiality and to advocate for students, taking a leadership role with colleagues.
Evidence					