



SAN MARINO UNIFIED SCHOOL DISTRICT
PSYCHOLOGIST PLAN FOR PROFESSIONAL GROWTH
PART I

Standards

- | | |
|--|---|
| I. Provides consultation and counseling services | V. Models and maintains positive student/parent relations |
| II. Provides assessment | VI. Develops as a professional |
| III. Plans and provides intervention | VII. Fulfills professional responsibilities |
| IV. Participates in special education procedures | |

NAME _____

SITE _____

SCHOOL YEAR _____

DATE _____

GOALS(S) _____

(psychologist and administrator shall mutually agree upon 1 or 2 goals that specifically relate to student success)

Goals: Based upon standards/professional protocol

Strategies:

I will use the following techniques, strategies, and procedures to help in student success:

Assessment:

How will I assess and measure student success?

Signature of Evaluator _____ Date _____ Signature of Evaluatee _____ Date _____

Signature of evaluatee does not constitute endorsement of the above comments by the evaluator. The evaluatee has the right to append this evaluation with a written statement.



**SAN MARINO UNIFIED SCHOOL DISTRICT
PSYCHOLOGIST PLAN FOR PROFESSIONAL GROWTH
PART II**

Standards

- | | |
|--|---|
| I. Provides consultation and counseling services | V. Models and maintains positive student/parent relations |
| II. Provides assessment | VI. Develops as a professional |
| III. Plans and provides intervention | VII. Fulfills professional responsibilities |
| IV. Participates in special education procedures | |

Actual Results: Explain data, achievement, or progress made toward intended outcome(s)

In my pursuit of continued professional growth, I . . .

Signature of Evaluator _____ Date _____ Signature of Evaluatee _____ Date _____

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**SAN MARINO UNIFIED SCHOOL DISTRICT
PSYCHOLOGIST OBSERVATION RECORD**

Name: _____

Date: _____

School: _____

Evaluator: _____

Evaluator shall mark a "1" or "2" in each box. (1) meets standards (2) does not meet standards. An unmarked box indicates it was not observed.

Part I- PSYCHOLOGIST OBSERVATION STANDARDS

<p>I. Consultation/Counseling Services</p> <p><input type="checkbox"/> Collaborates with staff, and parents, and school personnel on student evaluation, placement, and behavioral concerns</p> <p><input type="checkbox"/> Works with students on personal as well as educational challenges</p> <p><input type="checkbox"/> Reviews cases referred for Student Success Team interventions and provides recommendations</p> <p><input type="checkbox"/> Participates as a member of school teams in emergency/crisis situations</p> <p><input type="checkbox"/> Provides counseling while adhering to confidentiality practices with individuals and groups</p> <p><input type="checkbox"/> Creates linkages between schools, families, and community agencies and helps coordinate services</p> <p><input type="checkbox"/> Promotes practices that help children of all backgrounds feel welcome and appreciated in the school and community</p> <p><input type="checkbox"/> Other (see additional observation record notes)</p>	<p align="center">Commendations/Suggestions</p>
<p>II. The Assessment</p> <p><input type="checkbox"/> Selects assessment methods that are validated for the problem area under consideration</p> <p><input type="checkbox"/> Uses a data-based process to identify academic and behavior problems</p> <p><input type="checkbox"/> Writes evaluation reports describing the results of the assessment</p> <p><input type="checkbox"/> Completes written reports in an accurate and timely manner</p> <p><input type="checkbox"/> Communicates evaluation findings to school personnel and parents</p> <p><input type="checkbox"/> Serves as a professional member of site, district, and SELPA meetings</p> <p><input type="checkbox"/> Other (see additional observation record notes)</p>	<p align="center">Commendations/Suggestions</p>

Signature of Evaluator _____ Date _____ Signature of Evaluatee _____ Date _____

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Part I- PSYCHOLOGIST OBSERVATION STANDARDS, CONTINUED

<p>III. Intervention</p> <p><input type="checkbox"/> Develops and implements effective interventions that are based upon the data collected</p> <p><input type="checkbox"/> Serves as a resource for staff and students as a fact-finder, mediator, negotiator, clarifier of issues, and instructor in relational strategies</p> <p><input type="checkbox"/> Develops effective behavioral, affective, and/or adaptive goals for students and monitors progress toward these goals</p> <p><input type="checkbox"/> Assists parents and other adult caregivers in the development and implementation of behavior change programs to facilitate the learning and behavioral growth of their child</p> <p><input type="checkbox"/> Provides counseling, social skills training, behavior management, and other interventions</p> <p><input type="checkbox"/> Helps families deal with difficult crises such as separation or loss</p> <p><input type="checkbox"/> Helps solve conflicts and problems related to learning and adjustment</p> <p><input type="checkbox"/> Evaluates interventions to determine their effectiveness, their need for modification or their need for redevelopment</p> <p><input type="checkbox"/> Other (see additional observation notes)</p>	<p align="center">Commendations/Suggestions</p>
<p>IV. Special Education Procedures</p> <p><input type="checkbox"/> Demonstrates a regular and on-going effort to remain current in knowledge regarding issues and practices related to psychological services and special education</p> <p><input type="checkbox"/> Serves as a professional member of IEP meetings</p> <p><input type="checkbox"/> Participates in District psychologist meetings and other site meetings including SST as appropriate</p> <p><input type="checkbox"/> Provides assistance to site staff members</p> <p><input type="checkbox"/> Provides in-service presentations or individual consultations</p> <p><input type="checkbox"/> Provides services within the context of legal mandates and relevant rules and regulations</p> <p><input type="checkbox"/> Other (see additional observation notes)</p>	<p align="center">Commendations/Suggestions</p>
<p>V. Student/Parent Relations</p> <p><input type="checkbox"/> Advises parents regarding parenting techniques</p> <p><input type="checkbox"/> Assists parents in the understanding of their child's special needs and how they relate to both home and school functioning</p> <p><input type="checkbox"/> Advises parents regarding their child's unique learning style/pace and/or temperament/behavioral difficulties</p> <p><input type="checkbox"/> Assists in the development of interventions that support the student in the school setting</p> <p><input type="checkbox"/> Refers students/parents for services provided within and/or outside of the district</p> <p><input type="checkbox"/> Maintains knowledge about the local system of care and related community services available to support students and their families</p> <p><input type="checkbox"/> Other (see additional observation record notes)</p>	<p align="center">Commendations/Suggestions</p>

Signature of Evaluator _____ Date _____ Signature of Evaluatee _____ Date _____

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SAN MARINO UNIFIED SCHOOL DISTRICT
PSYCHOLOGIST OBSERVATION RECORD

Name: _____

Date: _____

School: _____

Evaluator: _____

Evaluator shall mark a "1" or "2" in each box. (1) meets standards (2) does not meet standards. An unmarked box indicates it was not observed.

Part II-PROFESSIONAL GOALS AND RESPONSIBILITIES

<p>VI. DEVELOPS AS A PROFESSIONAL</p> <p><input type="checkbox"/> Actively pursues opportunities to contribute and grow professionally</p> <p><input type="checkbox"/> Involves families and community members in student learning</p> <p><input type="checkbox"/> Models life-long learning by keeping current on latest research and advancement in field</p> <p><input type="checkbox"/> Other (see additional observation record notes)</p>	<p>Commendations/Suggestions</p>
<p>VII. FULFILLS PROFESSIONAL RESPONSIBILITIES</p> <p><input type="checkbox"/> Maintains records and/or reports</p> <p><input type="checkbox"/> Adheres to timelines in all areas of responsibility</p> <p><input type="checkbox"/> Supervises students outside of classroom, as assigned</p> <p><input type="checkbox"/> Attends required meetings</p> <p><input type="checkbox"/> Works effectively and cooperatively with others</p> <p><input type="checkbox"/> Utilizes effective communication</p> <p><input type="checkbox"/> Adheres to assigned work schedule</p> <p><input type="checkbox"/> Maintains professional demeanor and appearance</p> <p><input type="checkbox"/> Fulfills duties as assigned, and as noted in the collective bargaining agreement</p> <p><input type="checkbox"/> Other (see additional observation record notes)</p>	<p>Commendations/Suggestions</p>

Signature of Evaluator _____ Date _____ Signature of Evaluatee _____ Date _____

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Improvement Plan Attached



SAN MARINO UNIFIED SCHOOL DISTRICT
PSYCHOLOGIST ADDITIONAL OBSERVATION RECORD NOTES

Name: _____

Date: _____

School: _____

Evaluator: _____

Part I- PSYCHOLOGIST OBSERVATION STANDARDS

Standards

- | | |
|--|---|
| I. Provides consultation services | V. Builds student and parent relations |
| II. Plans and conducts psycho-educational assessments | VI. Develops as a professional |
| III. Provides problem resolution/crisis intervention | VII. Fulfills professional responsibilities |
| IV. Plans and provides professional participation and staff services | |

Observation Notes

[Large empty box for observation notes]

Signature of Evaluator _____ Date _____ Signature of Evaluatee _____ Date _____

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San Marino Unified School District Psychologist Informal Observation Notes

Standards

- | | |
|--|---|
| I. Provides consultation services | V. Builds student and parent relations |
| II. Plans and conducts psycho-educational assessments | VI. Develops as a professional |
| III. Provides problem resolution/crisis intervention | VII. Fulfills professional responsibilities |
| IV. Plans and provides professional participation and staff services | |

EVALUATEE: _____

EVALUATOR: _____

DATE: _____

Large empty rectangular box for notes or observations.

Signature of Evaluator _____ Date _____ Signature of Evaluatee _____ Date _____

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SAN MARINO UNIFIED SCHOOL DISTRICT

Psychologist Summary Evaluation

Name _____

Date _____

Site _____

Status _____

Evaluation Scale: (1) Meets Standards (2) Does Not Meet Standards

I. Consultation/Counseling Services

1 2

Collaborates with staff, and parents, and school personnel on student evaluation, placement, and behavioral concerns; Works with students on personal as well as educational challenges; Reviews cases referred for Student Success Team interventions and provides recommendations; Participates as a member of school teams in emergency/crisis situations; Provides counseling while adhering to confidentiality practices with individuals and groups; Creates linkages between schools, families, and community agencies and helps coordinate services; Promotes practices that help children of all backgrounds feel welcome and appreciated in the school and community

II. The Assessment

Selects assessment methods that are validated for the problem area under consideration; Uses a data-based process to identify academic and behavior problems; Writes evaluation reports describing the results of the assessment; Completes written reports in an accurate and timely manner; Communicates evaluation findings to school personnel and parents; Serves as a professional member of site, district, and SELPA meetings

III. Intervention

Develops and implements effective interventions that are based upon the data collected; Serves as a resource for staff and students as a fact-finder, mediator, negotiator, clarifier of issues, and instructor in relational strategies; Develops effective behavioral, affective, and/or adaptive goals for students, and monitors progress toward these goals; Assists parents and other adult caregivers in the development and implementation of behavior change programs to facilitate the learning and behavioral growth of their child; Provides counseling, social skills training, behavior management, and other interventions; Helps families deal with difficult crises such as separation or loss; Helps solve conflicts and problems related to learning and adjustment; Evaluates interventions to determine their effectiveness, their need for modification or their need for redevelopment

IV. Special Education Procedures

Demonstrates a regular and on-going effort to remain current in knowledge regarding issues and practices related to psychological services and special education; Serves as a professional member of IEP meetings; Participates in district psychologist meetings and other site meetings including SST as appropriate; Provides assistance to site staff members; Provides in-service presentations or individual consultations; Provides services within the context of legal mandates and relevant rules and regulations

V. Student/Parent Relations

Advises parents regarding parenting techniques; Assists parents in the understanding of their child's special needs and how they relate to both home and school functioning; Advises parents regarding their child's unique learning style/pace and/or temperament/behavioral difficulties; Assists in the development of interventions that support the student in the school setting; Refers students/parents for services provided within and/or outside of the district; Maintains knowledge about the local system of care and related community services available to support students and their families

VI. Develops as a Professional

Actively pursues opportunities to contribute and grow professionally; Involves families and community members in student learning; Models life-long learning by keeping current on latest research and advancement in field

VII. Fulfills Professional Responsibilities

Maintains records and/or reports; Adheres to timelines in all areas of responsibility; Supervises students outside of classroom, as assigned; Attends required meetings; Works effectively and cooperatively with others; Utilizes effective communication; Adheres to assigned work schedule; Maintains professional demeanor and appearance; Fulfills duties as assigned, and as noted in the collective bargaining agreement

Signature of Evaluator _____ Date _____ Signature of Evaluatee _____ Date _____

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San Marino Unified School District
Psychologist Summary Evaluation

Name _____

Overall Assessment:

Meets Standards

Does Not Meet Standards

Commendations:

Recommendations for continued professional growth and development:

Signature of Evaluator _____ Date _____ Signature of Evaluatee _____ Date _____

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San Marino Unified School District Psychologist Improvement Plan

NAME: _____ STATUS: _____

SCHOOL: _____

This form is to be used when the certificated employee's **Observation Record** indicates *Improvement Plan Attached* and/or **Summary Evaluation** indicates *Does Not Meet Standards*. This report must include recommendations made to the employee and assistance to be provided to the employee.

Standards

- | | |
|--|---|
| I. Provides consultation services | V. Builds student and parent relations |
| II. Plans and conducts psycho-educational assessments | VI. Develops as a professional |
| III. Provides problem resolution/crisis intervention | VII. Fulfills professional responsibilities |
| IV. Plans and provides professional participation and staff services | |

Area(s) of concern:

Specific recommendations for improvement:

Assistance to be provided/techniques for measurement and monitoring of improvement:

Follow-up meeting dates to monitor progress:

Date(s) for achieving specified improvement:

Signature of Evaluator _____ Date _____ Signature of Evaluatee _____ Date _____

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