



**Part I- SPEECH AND LANGUAGE PROFESSIONALS OBSERVATION STANDARDS,  
CONTINUED**

<p><b>III. Managing and Conducting Therapy</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Maintains an environment that is positive and conducive to learning</li> <li><input type="checkbox"/> Chooses diagnostic tools, instruments, and procedures for assessment and diagnosis as appropriate</li> <li><input type="checkbox"/> Plans appropriate therapy lessons that address IEP goals of students</li> <li><input type="checkbox"/> Uses a variety of strategies and techniques appropriate to stated objectives</li> <li><input type="checkbox"/> Manages materials and equipment necessary for the delivery of services</li> <li><input type="checkbox"/> Assists students in developing compensatory skills and self monitoring skills</li> <li><input type="checkbox"/> Adjusts intervention strategies based upon student performance</li> <li><input type="checkbox"/> Gives prompt and appropriate feedback to students</li> <li><input type="checkbox"/> Manages time efficiently (includes scheduling students for therapy, attending SST meetings, scheduling IEP meetings, etc.)</li> <li><input type="checkbox"/> Provides pullout, collaborative, in-class, and consultative therapy approaches to meet students' speech/language needs</li> <li><input type="checkbox"/> Other (see additional observation notes)</li> </ul>	<p><b>Overall Description of Practice for Standard I: check one</b>          ___meets standards   ___needs improvement   ___does not meet standards</p>
<p><b>IV. Serving as a Liaison</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Provides consultation and/or in-servicing to parents, teachers and other appropriate school personnel</li> <li><input type="checkbox"/> Seeks the assistance of teachers, parents, and others to meet the communication needs of students</li> <li><input type="checkbox"/> Provides formal or informal reports to parents about their students' progress in the speech/language program</li> <li><input type="checkbox"/> Makes recommendations and referrals for audiological/medical and related services</li> <li><input type="checkbox"/> Other (see additional observation notes)</li> </ul>	<p><b>Overall Description of Practice for Standard I: check one</b>          ___meets standards   ___needs improvement   ___does not meet standards</p>

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  
10/10/2014

