

PERFORMANCE APPRAISAL ANNUAL SUMMATIVE RATING SY

Annual summative form used for provisional and professional school psychologists.

Program Area: School Psychologist

DISTRICT:

SCHOOL:

EDUCATOR'S NAME:

SOCIAL SECURITY NUMBER:

CHECK LEVEL:

Provisional Year 1

Provisional Year 2

PGP Year 1

PGP Year 2

PGP Year 3

SUPERVISOR'S NAME:

CONFERENCE DATES: , , , ,

	Professional Performance Elements	Meets	Does not meet
1.	Psycho-educational Assessment (Critical)		
2.	Counseling/Collaboration Responsibilities (Critical)		
3.	Mental Health Services (Critical)		
4.	School-Wide Program Responsibilities (Critical)		

FINAL ANNUAL RATING (check one):

Acceptable

Unacceptable

SIGNATURE OF EDUCATOR:

DATE:

SIGNATURE OF EVALUATOR:

DATE:

Comments: