

GLENN COUNTY OFFICE OF EDUCATION  
SPEECH AND LANGUAGE THERAPIST EVALUATION  
INITIAL CONFERENCE AGREEMENT



Speech and Language Therapist: \_\_\_\_\_ Date: \_\_\_\_\_

Site(s): \_\_\_\_\_

Number of Students on Caseload: \_\_\_\_\_ Administrator: \_\_\_\_\_

Status:  Probationary 1     Probationary 2     Permanent     Temporary

**Purpose:** *The purpose of the Evaluation form is to provide an opportunity for a conversation about best practices for school-based Speech and Language Pathologist's services as reflected in the Standards below to establish an evaluation focus.*

Goals selected based on Self Evaluation Rubric: *(choose 2)*

- A. Relationships
- B. Professional Skills
- C. Technical and Evaluation Skills
- D. Consultation Skills
- E. Developing as a Professional Therapist

Activities to Meet Goals:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Date of Agreement: \_\_\_\_\_

Date of Formal Observation: \_\_\_\_\_

Date of Formal Evaluation Conference: \_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Administrator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_