



SCHOOL DISTRICT OF FLAGLER COUNTY Comprehensive Appraisal Form Summary

Speech / Language Pathologist

Name: _____ Position: _____

School/Dept: _____ School Year _____ Social Security _____

Formative Evaluation _____

Summative Evaluation _____

1. Planning / Preparation

Unsatisfactory 1 Needs Improvement 2 Satisfactory 3 Very Effective 4 Outstanding 5

2. Climate / Learning Environment

Unsatisfactory 1 Needs Improvement 2 Satisfactory 3 Very Effective 4 Outstanding 5

3. Administration / Management

Unsatisfactory 1 Needs Improvement 2 Satisfactory 3 Very Effective 4 Outstanding 5

4. Assessment / Evaluation

Unsatisfactory 1 Needs Improvement 2 Satisfactory 3 Very Effective 4 Outstanding 5

5. Intervention / Direct Services

Unsatisfactory 1 Needs Improvement 2 Satisfactory 3 Very Effective 4 Outstanding 5

6. Collaboration

Unsatisfactory 1 Needs Improvement 2 Satisfactory 3 Very Effective 4 Outstanding 5

7. Staff Development

Unsatisfactory 1 Needs Improvement 2 Satisfactory 3 Very Effective 4 Outstanding 5

8. Professional Responsibilities

Unsatisfactory 1 Needs Improvement 2 Satisfactory 3 Very Effective 4 Outstanding 5

Total Score (Maximum score is 32)

Unsatisfactory 8-12 Needs Improvement 13-20 Satisfactory 21-28 Very Effective 29-32

Recommended for re-appointment: Yes No
The evaluation has been discussed with me: Yes No

Recommended for: CC
PSC
AC

Signature of Evaluatee / Date

Signature of Evaluator / Date



Comprehensive Appraisal Form Summary

Page 2

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School/Dept: _____ School Year _____ Social Security _____

Formative Evaluation _____

Summative Evaluation _____

Comments of the Evaluatee: _____

Comments of the Evaluator: _____

The evaluation has been discussed with me: Yes No

Signature of Evaluatee

Date

Signature of Evaluator

Date