**Name:** Click here to enter text. **Date:** Click here to enter text.

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| --- | --- | --- | --- | --- | --- |
| **Component:** | **Self-Assessment:** | | | | **Rationale:** |
| 1A - Demonstrating knowledge and skill in the specialist therapy area holding the relevant certificate or license. | I | D | A | E |  |
| 1B – Establishing goals for the therapy program appropriate to the setting and the students served. | I | D | A | E |  |
| 1C – Demonstrating knowledge of district, state, and federal regulation and guidelines. | I | D | A | E |  |
| 1D - Demonstrating knowledge of resources both within and beyond the school and district. | I | D | A | E |  |
| 1E – Planning the therapy program integrated with the regular school program to meet the needs of individual students. | I | D | A | E |  |
| 1F – Developing a plan to evaluate the therapy program | I | D | A | E |  |
| 2A - Establishing rapport with students. | I | D | A | E |  |
| 2B – Organizing time effectively | I | D | A | E |  |
| 2C – Establishing and maintaining clear procedures for referrals | I | D | A | E |  |
| 2D – Establishing standards of conduct in the treatment center | I | D | A | E |  |
| 2E – Organizing physical space for testing of students and providing therapy | I | D | A | E |  |
| 3A – Responding to referrals and evaluating student needs | I | D | A | E |  |
| 3B – Developing and implementing treatment plans to maximize student success | I | D | A | E |  |
| 3C – Communicating with families | I | D | A | E |  |
| 3D – Collecting information; writing reports | I | D | A | E |  |
| 3E – Demonstrating flexibility and responsiveness | I | D | A | E |  |
| 4A – Reflecting on practice | I | D | A | E |  |
| 4B – Collaborating with teachers and administrators | I | D | A | E |  |
| 4C – Maintaining an effective data management system | I | D | A | E |  |
| 4D – Participating in a professional community | I | D | A | E |  |
| 4E – Engaging in professional development | I | D | A | E |  |
| 4F – Showing professionalism including integrity, advocacy, and maintaining confidentiality. | I | D | A | E |  |

Evaluator’s Signature Date