

Occupational & Physical Therapist Evaluation

Date: _____

Name of Therapist: _____

Name of Evaluator: _____

Date of Evaluation: _____

Check the number which indicates the impression of the Therapist on each item of the form. Any item marked “unsatisfactory” must be explained under “Comments”.

1. **UNSATISFACTORY:** Below expected standards. Specific remediation is needed. Needs close monitoring and intervention by the evaluator. Continued performance at this level will have a negative impact on students and/or the school environment. Remediation plan is needed.
2. **SATISFACTORY:** Performs the skills adequately. Needs periodic assistance from evaluator to improve on this item. Therapist has ability to improve these skills by him/herself or through a Professional Growth Plan.
3. **EXCELLENT:** Performance is of commendable quality and frequency. Therapist impacts positively on students and the school environment.

CODE: 3 = Excellent
 2 = Satisfactory
 1 = Unsatisfactory

I. PUNCTUALITY / ATTENDANCE

3 2 1 N/A

- A. On time for work and remains until end of working day.
- B. On time for scheduled therapy sessions, meetings, and staffings.
- C. Organizes schedule to minimize time spent in travel between work sites.

COMMENTS: _____

II. DIAGNOSTIC AND TREATMENT PLANNING

3 2 1 N/A

- A. Selects and utilizes appropriate student information, assessment, and data collection to determine present levels of performance.
- B. Identifies and defines educationally relevant problem areas.
- C. Participates in the development of long-term and short-term educational treatment and behavioral objectives for students.
- D. Writes and participates in the writing of therapeutic IEP goals in educational and measurable terms.
- E. Functions in a multidisciplinary and/or transdisciplinary setting.
- F. Plans activities consistent with educational treatment and behavioral objectives.
- G. Monitor goals through data collection on an ongoing basis, considering student needs, ability levels and interest.
- H. Makes effective use of preparation time.

COMMENTS: _____

III. DELIVERY OF THERAPY SERVICE

3 2 1 N/A

- A. Follows the IEP for each student.
- B. Selects and uses appropriate treatment methods and materials.

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| C. Provides treatment and other levels of service as needed and as indicated on the IEP. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Provides clear directions about environmental adaptations, and methods for safe physical management of students. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Seeks and implements suggestions for improving student response to treatment and carry-over of classroom goals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Uses appropriate methods for ensuring therapeutic outcomes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Prompt and positive feedback is provided to students. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Initiates parent contact for therapeutic carry-over into the home environment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Appropriately collaborates with the educational team. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Incorporates educational activities into therapy sessions and/or activities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS: _____

IV. BEHAVIOR MANAGEMENT

3 2 1 N/A

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Implements strategies consistent with behavioral goals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Appropriately uses resources (human and material) for problem solving. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Fosters positive therapist/student relationships. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Ensures smooth transition from one activity to another. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Establishes a climate enabling students to work efficiently. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Maintains control of therapy session through use of appropriate behavior management techniques. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Enforces classroom and school rules or procedures, Board policies and regulations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Collaborates with educational team to ensure consistent behavioral strategies are incorporated. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS: _____

V. PROFESSIONAL RESPONSIBILITIES

3 2 1 N/A

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Maintains accurate records. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Engages in professional growth activities (seeks information, open to suggestions, attends workshops and conferences, serves on committees, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

takes post-graduate courses, has membership in appropriate professional organizations).

- C. Performs consultative and/or resource services to parents, classroom teachers, and other professional personnel.

COMMENTS: _____

VI. COMMUNICATION

3 2 1 N/A

- A. Communicates effectively both in writing and in presentations.

- B. Completes written reports and responds to referrals in a timely manner.

COMMENTS: _____

VII.

This evaluation has resulted in an overall rating of:

Excellent

Satisfactory

Unsatisfactory

Evaluator Comments (Use additional sheet if necessary)

Goal(s) for Continued Improvement/Suggestions for Future Professional Growth (Use additional sheet if necessary)

Therapist Comments (Use additional sheet if necessary)

Therapist Signature/Date

Evaluator Signature/Date

