



## BEAUTIFUL PLAINS SCHOOL DIVISION

### Clinician Self Evaluation APPENDIX B

**Clinician:** \_\_\_\_\_

**Years Experience:** \_\_\_\_\_

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

- ☐ New Clinician  
☐ Experienced Clinician

- ☐ New Clinician in BPSD  
☐ Requested

### COMPONENTS OF EVALUATION

Rate each of the categories below with an X using the following guide.

**Distinguished – Considered to be exceptional**

**Proficient – Consistently exceeds position requirements**

**Basic – Meets basic position requirements**

**Unsatisfactory – Not acceptable. Performance needs upgrading**

Items checked with “distinguished” or “unsatisfactory” require comments.

<b>DOMAIN 1: Professional Standards &amp; Responsibilities</b>	<b>U</b>	<b>Basic</b>	<b>P</b>	<b>D</b>
1a. Knowledge of Professional Standards, Codes of Conduct FIPPA/PHIA				
1b. Professional Responsibilities				
1c. Professional Learning				
1d. Advocacy				
1e. Collaboration and Teamwork				
1f. Involvement in School/Division Activities				
<b>Comments:</b>				

<b>DOMAIN 2: Knowledge of Programs, Materials &amp; Resources</b>	<b>U</b>	<b>Basic</b>	<b>P</b>	<b>D</b>
2a. Knowledge of Programs, Materials and Resources				
2b. Knowledge of Characteristics of Age Group				
2c. Knowledge of Students' Interests and Cultural Heritage				
2d. Knowledge and Selection of Assessment Tools/Techniques				
2e. Interpreting Assessment Results and Using Assessment Results for Planning				
<b>Comments:</b>				

<b>DOMAIN 3: Service Delivery</b>	<b>U</b>	<b>Basic</b>	<b>P</b>	<b>D</b>
3a. Student Relations				
3b. Observing Student Behaviour				
3c. Follow up to Observation of Student Behaviour				
3d. Response to Crisis Situations				
3e. Clarity and Appropriateness of Student goals (individual or group)				
3f. Intervention Strategies (individual or group)				
3g. Intervention Effectiveness (individual or group)				
<b>Comments:</b>				

<b>DOMAIN 4: Communication &amp; Collaboration</b>	<b>U</b>	<b>Basic</b>	<b>P</b>	<b>D</b>
5a. Communication with Parents and/or Outside Agencies				
5b. Participation of Parents and/or Outside Agencies in the Intervention Plan				
5c. Recording				
5d. Reporting & Communication of Assessment Results				
<b>Comments:</b>				

<b>DOMAIN 5: Team Meetings</b>	<b>U</b>	<b>Basic</b>	<b>P</b>	<b>D</b>
6a. Vocabulary				
6b. Preparation for Meetings				
6c. Facilitation of Meetings				
6d. Caseload Management				
<b>Comments:</b>				

SUMMATIVE CLINICIAN COMMENTS:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Clinician

Superintendent's Comments:

This is to acknowledge the Clinician and the Superintendent have both discussed the document and had the opportunity to comment on the contents of the evaluation.

\_\_\_\_\_  
Date Received By Superintendent

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date Reviewed

\_\_\_\_\_  
Signature of Clinician



## BEAUTIFUL PLAINS SCHOOL DIVISION

### Final Evaluation Report

### APPENDIX C

**Clinician:** \_\_\_\_\_

**Years Experience:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> New Clinician<br><input type="checkbox"/> Experienced Clinician | <input type="checkbox"/> New Clinician in BPSD<br><input type="checkbox"/> Requested |
|--|--|

### COMPONENTS OF EVALUATION

Rate each of the categories below with an X using the following guide.

**Distinguished – Considered to be exceptional**

**Proficient – Consistently exceeds position requirements**

**Basic – Meets basic position requirements**

**Unsatisfactory – Not acceptable. Performance needs upgrading**

Items checked with “distinguished” or “unsatisfactory” require comments.

<b>DOMAIN 1: Professional Standards and Responsibilities</b>	<b>U</b>	<b>Basic</b>	<b>P</b>	<b>D</b>
1a. Knowledge of Professional Standards, Codes of Conduct FIPPA/PHIA				
1b. Professional Responsibilities				
1c. Professional Learning				
1d. Advocacy				
1e. Collaboration and Teamwork				
1f. Involvement in School/Division Activities				
<b>Comments:</b>				

<b>DOMAIN 2: Knowledge of Programs, Materials &amp; Resources</b>	<b>U</b>	<b>Basic</b>	<b>P</b>	<b>D</b>
2a. Knowledge of Programs, Materials and Resources				
2b. Knowledge of Characteristics of Age Group				
2c. Knowledge of Students' Interests and Cultural Heritage				
2d. Knowledge and Selection of Assessment Tools/Techniques				
2e. Interpreting Assessment Results and Using Assessment Results for Planning				
<b>Comments:</b>				

<b>DOMAIN 3: Service Delivery</b>	<b>U</b>	<b>Basic</b>	<b>P</b>	<b>D</b>
3a. Student Relations				
3b. Observing Student Behaviour				
3c. Follow up to Observation of Student Behaviour				
3d. Response to Crisis Situations				
3e. Clarity and Appropriateness of Student goals (individual or group)				
3f. Intervention Strategies (individual or group)				
3g. Intervention Effectiveness (individual or group)				
<b>Comments:</b>				

<b>DOMAIN 4: Communication &amp; Collaboration</b>	<b>U</b>	<b>Basic</b>	<b>P</b>	<b>D</b>
5a. Communication with Parents and/or Outside Agencies				
5b. Participation of Parents and/or Outside Agencies in the Intervention Plan				
5c. Recording				
5d. Reporting & Communication of Assessment Results				
<b>Comments:</b>				

<b>DOMAIN 5: Team Meetings</b>	<b>U</b>	<b>Basic</b>	<b>P</b>	<b>D</b>
6a. Vocabulary				
6b. Preparation for Meetings				
6c. Facilitation of Meetings				
6d. Caseload Management				
<b>Comments:</b>				

SUMMATIVE SUPERINTENDENT COMMENTS:

**Clinician Comments:**

This is to acknowledge the Clinician and the Superintendent have both discussed the document and had the opportunity to comment on the contents of the evaluation.

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

\_\_\_\_\_  
**Signature of Clinician**

\_\_\_\_\_  
**Signature of Superintendent**



**BEAUTIFUL PLAINS SCHOOL DIVISION**  
Must be submitted to Superintendent by end of September

**Professional Growth**

**APPENDIX D**

**Clinician:** \_\_\_\_\_

**Report Period** \_\_\_\_\_ **to** \_\_\_\_\_

**What are my goals for the upcoming year?**

**What areas do I feel I need to grow in professionally?**

**How do I plan to reach my goals and address the areas I need to grow in professionally?**

**Clinician Self Reflection:**

**Did I meet my goals for the year and what still needs my attention?**

**Superintendent's Comments:**

**This growth plan was discussed on \_\_\_\_\_.**

**Clinician Signature: \_\_\_\_\_**

**Superintendent's Signature: \_\_\_\_\_**