

Therapeutic Specialist Evaluation

PROFESSIONAL PRACTICES OF THERAPEUTIC SPECIALIST FOR DOMAIN 1: PLANNING AND PREPARATION				
COMPONENT	LEVEL OF PERFORMANCE			
	UNSATISFACTORY	NEEDS IMPROVEMENT	PROFICIENT	EXCELLENT
1a: Demonstrating knowledge and skill in the specialist therapy area; holding the relevant certificate or license.	Therapist demonstrates little or no knowledge and skill in the therapy area; does not hold or maintain the necessary certificate or license.	Therapist demonstrates basic knowledge and skill in the therapy area; holds the necessary certificate or license.	Therapist demonstrates thorough knowledge and skill in the therapy area; holds the necessary certificate or license.	Therapist demonstrates extensive knowledge and skill in the therapy area; holds an advanced certificate or license.
1b: Establishing goals for the therapy program appropriate to the setting and the students served.	Therapist has no clear goals for the therapy program, or they are inappropriate to either the situation or the age of the students.	Therapist's goals for the therapy program are rudimentary and are partially suitable to the situation and to the age of the students.	Therapist's goals for the therapy program are clear and appropriate to the situation in the school and to the age of the students.	Therapist's goals for the therapy program are highly appropriate to the situation in the school and to the age of the students and have been developed following consultations with administrators and teachers.
1c: Demonstrating knowledge of district, state, and federal regulations and guidelines.	Therapist demonstrates little or no knowledge of special education laws and procedures.	Therapist demonstrates basic knowledge of special education laws and procedures.	Therapist demonstrates thorough knowledge of special education laws and procedures.	Therapist's knowledge of special education laws and procedures is extensive; specialist takes a leadership role in reviewing and revising district policies.
1d: Demonstrating knowledge of resources, both within and beyond the school and district	Therapist demonstrates little or no knowledge of resources for students available through the school or district.	Therapist demonstrates basic knowledge of resources for students available through the school or district.	Therapist demonstrates thorough knowledge of resources for students available through the school or district and some familiarity with resources outside the district.	Therapist demonstrates extensive knowledge of resources for students available through the school or district and in the larger community.
1e: Planning the therapy program, integrated with the regular school program, to meet the needs of individual	Therapy program consists of a random collection of unrelated activities, lacking coherence or an overall	Therapist's plan has a guiding principle and includes a number of worthwhile activities, but some of them don't fit with the broader goals.	Therapist has developed a plan that includes the important aspects of work in the setting.	Therapist's plan is highly coherent and preventative and serves to support students individually, within the broader educational program.

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students.	structure.			
1f: Developing a plan to evaluate the therapy program.	Therapist has no plan to evaluate the program or resists suggestions that such an evaluation is important.	Therapist has a rudimentary plan to evaluate the therapy program.	Therapist's plan to evaluate the program is organized around clear goals and the collection of evidence to indicate the degree to which the goals have been met.	Therapist's evaluation plan is highly sophisticated with imaginative sources of evidence and a clear path toward improving the program on an ongoing basis.
PROFESSIONAL PRACTICES OF THERAPEUTIC SPECIALIST FOR DOMAIN 2: THE ENVIRONMENT				
COMPONENT	LEVEL OF PERFORMANCE			
	UNSATISFACTORY	NEEDS IMPROVEMENT	PROFICIENT	EXCELLENT
2a: Establishing rapport with students	Therapist's interactions with students are negative or inappropriate; students appear uncomfortable in the testing and treatment center.	Therapist's interactions are a mix of positive and negative; the specialist's efforts at developing rapport are partially established.	Therapist's interactions with students are positive and respectful; students appear comfortable in the testing and treatment center.	Students seek out the therapist, reflecting a high degree of comfort and trust in the relationship.
2b: Organizing time effectively	Therapist exercises poor judgment in setting priorities, resulting in confusion, missed deadlines, and conflicting schedules.	Therapist's time-management skills are moderately well-developed; essential activities are carried out, but not always in the most efficient manner.	Therapist exercises good judgment in setting priorities, resulting in clear schedules and important work being accomplished in an efficient manner.	Therapist demonstrates excellent time-management skills, accomplishing all tasks in a seamless manner; teachers and students understand their schedules.
2c: Establishing and maintaining clear procedures for referrals.	No procedures for referrals have been established; when teachers want to refer a student for special services, they are not sure how to go about it.	Therapist has established procedure for referrals, but the details are not always clear.	Procedures for referrals and for meetings and consultations with parents and administrators are clear to everyone.	Procedures for all aspects of referral and testing protocols are clear to everyone and have been developed in consultation with teachers and administrators.

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2d: Establishing standards of conduct in the treatment center	No standards of conduct have been established, and specialist disregards or fails to address negative student behavior during evaluation or treatment.	Standards of conduct appear to have been established for the testing and treatment center. Therapist's attempts to monitor and correct negative student behavior during evaluation and treatment are partially successful.	Standards of conduct have been established for the testing and treatment center. Therapist monitors student behavior against those standards; response to students is appropriate and respectful.	Standards of conduct have been established for the testing and treatment center. Therapist's monitoring of students is subtle and preventative, and students engage in self-monitoring of behavior.
2e: Organizing physical space for testing of students and providing therapy	The testing and treatment center is disorganized and poorly suited to working with students. Materials are usually available.	The testing and treatment center is moderately well organized and moderately well suited to working with students. Materials are difficult to find when needed.	The testing and treatment center is well organized; materials are available when needed.	The testing and treatment center is highly organized and is inviting to students. Materials are convenient when needed.

PROFESSIONAL PRACTICES OF THERAPEUTIC SPECIALIST FOR DOMAIN 3: DELIVERY OF SERVICE

COMPONENT	LEVEL OF PERFORMANCE			
	UNSATISFACTORY	NEEDS IMPROVEMENT	PROFICIENT	EXCELLENT
3a: Responding to referrals and evaluating student needs	Therapist fails to respond to referrals or makes hasty assessments of student needs.	Therapist responds to referrals when pressed and makes adequate assessments of student needs.	Therapist responds to referrals and makes thorough assessments of student needs.	Therapist is proactive in responding to referrals and makes highly competent assessments of student needs.
3b: Developing and implementing goals and benchmarks to maximize students' success	Therapist fails to develop treatment plans suitable for students, or plans are mismatched with the findings of assessments.	Therapist's plans for students are partially suitable for them or sporadically aligned with identified needs.	Therapist's plans for students are suitable for them and are aligned with identified needs.	Therapist develops comprehensive plans for students, finding ways to creatively meet student needs and incorporate many related elements.
3c: Communicating with families	Therapist fails to communicate with families and secure necessary permission for evaluations or communicates in an	Therapist's communication with families is partially successful; permissions are obtained, but there are occasional insensitivities to cultural and	Therapist communicates with families and secures necessary permission for evaluations, doing so in a manner sensitive to cultural and linguistic	Therapist secures necessary permissions and communicates with families in a manner highly sensitive to cultural and linguistic traditions. Therapist reaches out to families

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	insensitive manner.	linguistic traditions.	traditions.	of students to enhance trust.
3d: Collecting information; writing reports	Therapist neglects to collect important information on which to base treatment plans; reports are inaccurate or not appropriate to the audience.	Therapist collects most of the important information on which to base treatment plans; reports are accurate but lacking in clarity and not always appropriate to the audience.	Therapist collects all the important information on which to base treatment plans; reports are accurate and appropriate to the audience.	Therapist is proactive in collecting important information, interviewing teachers and parents, if necessary; reports are accurate and clearly written and are tailored for the audience.
3e: Demonstrating flexibility and responsiveness	Therapist adheres to the plan or program, in spite of evidence of its inadequacy.	Therapist makes modest changes in the treatment program when confronted with evidence of the need for change.	Therapist makes revisions in the treatment program when they are needed.	Therapist is continually seeking ways to improve the treatment program and makes changes as needed in response to student, parent, or teacher input.
PROFESSIONAL PRACTICES OF THERAPEUTIC SPECIALIST FOR DOMAIN 4: PROFESSIONAL RESPONSIBILITIES				
COMPONENT	LEVEL OF PERFORMANCE			
	UNSATISFACTORY	NEEDS IMPROVEMENT	PROFICIENT	EXCELLENT
4a: Reflecting on practice	Therapist does not reflect on practice, or the reflections are inaccurate or self-serving.	Therapist reflection on practice is moderately accurate and objective without citing specific examples, and with only global suggestions as to how it might be improved.	Therapist reflection provides an accurate and objective description of practice, citing specific positive and negative characteristics. Therapist makes some specific suggestions as to how the therapy program might be improved.	Therapist reflection is highly accurate and perceptive, citing specific examples that were not fully successful for at least some students. Therapist draws on an extensive repertoire to suggest alternative strategies.
4b: Collaborating with teachers and administrators	Therapist is not available to staff for questions and planning and declines to provide background material when requested.	Therapist is available to staff for questions and planning and provides background material when requested.	Therapist initiates contact with teachers and administrators to confer regarding individual cases.	Therapist seeks out teachers and administrators to confer regarding cases, soliciting their perspectives on individual students.
4c: Maintaining an effective data-management system	Therapist's data-management system is either nonexistent or in disarray; it cannot be used to monitor student	Therapist has developed a rudimentary data-management system for monitoring student progress	Therapist has developed an effective data-management system for monitoring student progress and uses it to adjust treatment when	Therapist has developed a highly effective data-management system for monitoring student progress and uses it to adjust treatment when needed. Therapist uses

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	progress or to adjust treatment when needed.	and occasionally uses it to adjust treatment when needed.	needed.	the system to communicate with team members and parents.
4d: Participating in a professional community	Therapist relationships with colleagues are negative or self-serving, and specialist avoids being involved in school and district events and projects.	Therapist's relationships with colleagues are cordial, and specialist participates in school and district events and projects when specifically asked to do so.	Therapist participates actively in school and district events and projects and maintains positive and productive relationships with colleagues.	Therapist makes a substantial contribution to school and district events and projects and assumes a leadership role with colleagues.
4e: Engaging in Professional development	Therapist does not participate in professional development activities, even when such activities are clearly needed for the development of skills.	Therapist's participation in professional development activities is limited to those that are convenient or are required.	Therapist seeks out opportunities for professional development based on an individual assessment of need.	Therapist actively pursues professional development opportunities and makes a substantial contribution to the profession through such activities as offering workshops to colleagues.
4f: Showing professionalism, including integrity, advocacy, and maintaining confidentiality	Therapist displays dishonesty in interactions with colleagues, students, and the public and violates principles of confidentiality.	Therapist is honest in interactions with colleagues, students, and the public, plays a moderate advocacy role for students, and does not violate norms of confidentiality.	Therapist displays high standards of honesty, integrity, and confidentiality in interactions with colleagues, students, and the public and advocates for students when needed.	Therapist can be counted on to hold the highest standards of honesty, integrity, and confidentiality and to advocate for students, taking a leadership role with colleagues.