AMITYVILLE UNION FREE SCHOOL DISTRICT

School Psychologist Observation Report

DEPARTMENT: # IN ATTENDANCE: OBSERVER: [] Tenured [] Announced Dates: Pre-Observation Conference Observation Conference Observation Conference Observation Conference Observation Conference Observation Conference Please refer to the Framework of Professional Practice Rubrics for the following analysis: I - Ineffective D - Developing E - Effective HE - Highly Effective DOMAIN I: PLANNING AND PREPARATION 1a: Demonstrates knowledge and skill in the specialist area, holding the relevant certificate or license
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Please refer to the Framework of Professional Practice Rubrics for the following analysis: I – Ineffective D – Developing E – Effective HE – Highly Effective DOMAIN I: PLANNING AND PREPARATION
I – Ineffective D – Developing E – Effective HE – Highly Effective DOMAIN I: PLANNING AND PREPARATION
1a: Demonstrates knowledge and skill in the specialist area, holding the relevant certificate or license.
1b: Demonstrates knowledge of child and adolescent development
Evidence:
DOMAIN 2: THE ENVIRONMENT
2a: Facilitates and environment of respect and rapport. { 2b: Contributes to a culture of positive mental health throughout the school. { 2c: Establishes and maintains clear procedures for referrals. { 2d: Establishes standards of conduct in the counseling setting. { 2e: Organizes physical space that is conducive to the counseling setting. {
Evidence:
DOMAIN 3: DELIVERY OF SERVICE
3a: Responds to referrals; Evaluates student needs in compliance with professional association guidelines
3g: Completes evaluations, progress reports, contact logs, etc. in a timely manner and/or by expected deadlines

DOMAIN 4: PROFESSIONAL RESPONSIBILITIES

4d: Participates in a pro	ofessional community			{
			ity	
ii. Silows professionar	ioni meraamg meegrey, a	avocacy, and community		,,,,,
Evidence:				
Strengths of Session	•			
Strengths of Session	•			
Areas for Growth:				
Overall Evaluation				
I – Ineffective	D – Developing	E – Effective	HE – Highly Effective	
Signature of 1	Evaluator		Date	
-				
Signature of Clinician			Date	
/mi ** * *		not signify agreement w		
The clinician	has the right to file a	written response which	will be part of the clinician's file.	
Original: Clinic	ian Ohe	erver		

Original: Copies:

Building Principal **District Personnel Office**