

**School Psychologist Evaluation Instrument  
Formal Observation Summary Form**

|                             |   |
|-----------------------------|---|
| <b>School Psychologist:</b> | <b>Date of Observation:</b> Click or tap to enter a date. |
| <b>Activity Observed:</b>   | <b>Observer:</b>  |

| Evaluation Criteria   | Observed                 | Not Observed             | No Opportunity           |
|---|--------------------------|--------------------------|--------------------------|
| <b>The School Psychologist...</b>   |                          |                          |                          |
| Demonstrates a professional demeanor and appearance.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates the ability to establish/maintain positive rapport with participants.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communicates in a manner that leads to facilitates participant understanding (examples: avoids overuse of jargon, acronyms, clarifies information as needed).   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensures parents have the opportunity to ask questions, and responds appropriately to parent concerns/questions posed.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provides parents with information regarding their child’s strengths and weaknesses using observations, and data from formal/informal sources.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates the ability to help define presenting concerns and participates in the problem solving process.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Understands school-based data to help develop interventions to target interventions.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has knowledge of research/evidence based interventions (academic/behavioral) consistent with local resources/programs.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Demonstrates knowledge of data collection methods and assists team with documenting intervention/progress monitoring outcomes.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provides parents with information regarding next steps (evaluation, eligibility, RtI follow up) and offers contact information, and timeframes as appropriate.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If a student is referred for evaluation, the SP clarifies the intended scope of the luation with the team, noting his/her ethical responsibility to evaluate all potential areas of eligibility that may arise. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provides or facilitates parent’s obtaining of information regarding community resources, referrals, et cetera as requested by parents or school team.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments (note areas of strength; as well was opportunities for growth):

\_\_\_\_\_ Click or tap to enter a date.

School Psychologist

\_\_\_\_\_ Click or tap to enter a date.

Evaluator Name/Role

Receipt acknowledged. Signature does not indicate agreement or disagreement.

School Psychologist will receive a copy after signatures; retain original and submit with SPEI Summative Evaluation Form.

Additional comments can be attached; if so, initial here: \_\_\_\_\_

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Supervisor and psychologist retain a copy of this form. Your signature acknowledges receipt of the form, not necessarily concurrence with results. Written comments may be attached, if so, initial here: