**Newport-Mesa Unified School District**

EVALUATION OF **PSYCHOLOGIST** PERFORMANCE

Received by: (Signature)

Psychologist:

Date Received:

Date:

(Printed Name) (Date Prepared)

School: Assignment:

Evaluator: (Printed Name)

1. Does Not Meet Standards - Unsatisfactory
2. Partially Meets Standards
3. Meets Standards

|  |  |  |  |
| --- | --- | --- | --- |
| **STANDARD** | **1** | **2** | **3** |
| **Standard One: *Legal, Ethical and Professional Foundations*** |  |  |  |
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| **Standard Two*: Collaboration and Consultation*** |  |  |  |
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| **Standard Three: *Wellness Promotion, Crisis Intervention, and Counseling*** |  |  |  |
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| **Standard Four: *Individual Evaluation and Assessment*** |  |  |  |
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| **Standard Five: *Program Planning and Evaluation*** |  |  |  |
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| **Standard Six: *Developing as a Professional Educator*** |  |  |  |
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\*\*NOTE: An “Unsatisfactory” rating for a permanent certificated employee in one or more of Standards One through Five will result in required participation in the N-MUSD Peer Assistance and Review Program.

COMMENDATIONS:

RECOMMENDATIONS:

CURRENT EMPLOYMENT STATUS:

* Permanent
* Probationary (Year 1 / Year 2 )
* Temporary

SIGNATURES Evaluator:

Signature

Evaluatee: Signature

Date:

Date:

This report has been discussed with me in a conference with my evaluator. My signature on this evaluation does not necessarily signify my agreement with the content of this evaluation. An opportunity has been extended to me to attach comments regarding this evaluation.

Comments attached: YES NO