

**TRI-COUNTY SPECIAL EDUCATION JOINT AGREEMENT  
Clinical Director Evaluation Form**

**Employee Name:** \_\_\_\_\_

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TIMELINE OF DOCUMENTATION FOR LAST SUPERVISION CYCLE

Last formal summative evaluation date: \_\_\_\_\_ Last post-evaluation conference date: \_\_\_\_\_

Notice of current evaluation date: \_\_\_\_\_ Pre-Evaluation conference date: \_\_\_\_\_  
*(Prior to 1<sup>st</sup> day of school)*

Formal Observation dates: \_\_\_\_\_

Informal Observation dates: \_\_\_\_\_

This formal summative evaluation date: \_\_\_\_\_ This post-evaluation conference date: \_\_\_\_\_

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**NOTE:** The employee should be rated on every item using the rating scale below. Ratings should be based on observations or professional knowledge of the employee's behavior or skill. It is understood that the observation of some descriptors on this form must, necessarily, take place outside the classroom setting. **RATING SCALE DEFINITIONS:**

**EXCELLENT:** Documented observations reveal performance of a commendable quality. (Multiple strengths in many skills areas noted in the criteria/standards. The employee impacts positively upon students and the school environment.)

**PROFICIENT:** Documented observations reveal general acceptable levels of performance. Job requirements are expedited adequately.

**NEEDS IMPROVEMENT:** Documented observations reveal inconsistent performance in areas noted in the criteria/standards and results in less than quality work performance. The employee requires support by an administrator in meeting the criteria/standards. Areas of professional improvement will be jointly identified and planned between the Educator and Evaluator. (Identified weaknesses may be improved by the Clinical Director or by implementation of a Professional Growth Plan.)

**UNSATISFACTORY:** Documented observations reveal significant weaknesses in areas noted in the criteria/standards and require direct intervention by an administrator. Continued performance at a level below expectations would have a negative impact upon students and upon the school environment. (A summative rating of unsatisfactory would be cause for the implementation of a formal Remediation Plan for tenured staff).

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<b>PROFESSIONALLY RELATED AREAS:</b>		<b>E</b>	<b>P</b>	<b>NI</b>	<b>U</b>
1.	Takes part in professional development activities (May include coursework, In- service activities, conferences, review of professional literature, workshops, etc.)				
Comments:					
		<b>E</b>	<b>P</b>	<b>NI</b>	<b>U</b>
2.	Maintains confidentiality (conversations with students/dissemination of records)				
Comments:					
		<b>E</b>	<b>P</b>	<b>NI</b>	<b>U</b>
3.	Performs necessary clerical responsibilities in a timely and complete manner (establish staffing times/dates, dictation and proof reading of reports, etc.).				
Comments:					
		<b>E</b>	<b>P</b>	<b>NI</b>	<b>U</b>
4.	Is in attendance and prompt. (number of days absent in evaluation period) Contacts supervisor in a timely manner when necessary to be absent, enters absences in SDS.				
Comments:					
		<b>E</b>	<b>P</b>	<b>NI</b>	<b>U</b>
5.	Maintains mutually agreed upon timelines in completion of evaluations and reports.				
Comments:					
		<b>E</b>	<b>P</b>	<b>NI</b>	<b>U</b>
6.	Effectively communicates with TCSE staff, District staff, parents and students.				
Comments:					
		<b>E</b>	<b>P</b>	<b>NI</b>	<b>U</b>
7.	Adheres to state/federal regulations, board policies/procedures, information as presented in the employee handbook, contract, and student handbook.				
Comments:					

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		E	P	NI	U
8.	Provides/offers in-service/professional development to TCSE/District personnel in areas of expertise when requested or when judges a perceived need exists.				
Comments:					
		E	P	NI	U
9.	Maintains appropriate relationships/cooperates/collaborates with both TCSE and district colleagues as well as supervisor.				
Comments:					
		E	P	NI	U
10.	Accepts evaluation, redirection, and change in a positive and professional manner. Makes necessary changes as recommended by supervisor in a timely manner.				
Comments:					
		E	P	NI	U
11.	Maintains positive relationships with non-licensed staff, including teacher aides, secretaries, bookkeeper, etc.				
Comments:					
		E	P	NI	U
12.	Provides professional opinion in meetings related to initial needs assessment, annual reviews and reevaluation.				
Comments:					
<b>PROVIDES LEADERSHIP TO LOCAL DISTRICTS IN THE FOLLOWING AREAS:</b>		E	P	NI	U
1.	Provides adequate information for both implementation and coordination of TCSE services related to physical therapy, occupational therapy and school nurse duties/issues.				
Comments:					
		E	P	NI	U
2.	Provides professional opinion in the evaluation of program/department/services delivery effectiveness in TCSE classrooms as well as districts as requested.				
Comments:					

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		E	P	NI	U
3.	Facilitates integration of students when appropriate.				
Comments:					
		E	P	NI	U
4.	Responds to TCSE personnel/district personnel request for assistance in a timely manner				
Comments:					
		E	P	NI	U
5.	Communicates with parents regarding student services/placement based on professional knowledge of PT/PT/Nursing issues and individual student needs.				
Comments:					
		E	P	NI	U
6.	Assists the Director and local district superintendents with recruitment of qualified personnel, including interview, gathering references and subsequent recommendations based on professional knowledge.				
Comments:					
<b>PROVIDES LEADERSHIP WITH STAFF IN THE FOLLOWING MANNER:</b>		E	P	NI	U
1.	Analyze department needs and assist in ordering appropriate materials necessary for OT, PT, and Nursing staff.				
Comments:					
		E	P	NI	U
2.	Complete employee evaluations of all OT/PT/Nursing departments. Use evaluation results to recommend/provide remedial assistance as needed.				
Comments:					
		E	P	NI	U
3.	Review/approve/deny requests for personal days and professional development requests based on current best practice and results of employee evaluation in relation to PD.				
Comments:					

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		<b>E</b>	<b>P</b>	<b>NI</b>	<b>U</b>
4.	Provide oversight of personnel scheduling to ensure adequate coverage throughout the school year, making adjustments as required.				
Comments:					
<b>MANAGEMENT OF ASSIGNED TASKS:</b>		<b>E</b>	<b>P</b>	<b>NI</b>	<b>U</b>
1.	Responds to administrative/employee questions/requests for assistance in problem solving in a timely manner.				
Comments:					
		<b>E</b>	<b>P</b>	<b>NI</b>	<b>U</b>
2.	Assists employees in providing model Individualized Education Plans in relation to PT/OT/Nursing services. (writing appropriate present levels of performance, measurable goals and objectives, provision of services, etc.)				
Comments:					
		<b>E</b>	<b>P</b>	<b>NI</b>	<b>U</b>
3.	Assists in researching/acquiring resources to assist teachers with child-centered problems in relation to OT/PT/Nursing needs.				
Comments:					
		<b>E</b>	<b>P</b>	<b>NI</b>	<b>U</b>
4.	Completes employee evaluations following PERA guidelines using forms/rubrics developed and/or adopted by TCSE.				
Comments:					
		<b>E</b>	<b>P</b>	<b>NI</b>	<b>U</b>
5.	Completes/assists employees with completion of required forms in a timely manner (including those from Illinois State Board of Education, Medicaid, etc.)				
Comments:					
		<b>E</b>	<b>P</b>	<b>NI</b>	<b>U</b>
6.	Provides leadership with resolution, mediation, or due process hearings if involves PT, PT or nursing services.				
Comments:					

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PERCEIVED AREAS OF STRENGTH:

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PERCEIVED AREAS IN NEED OF IMPROVEMENT:

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RECOMMENDATIONS, PROFESSIONAL DEVELOPMENT REQUIREMENTS, AND/OR GENERAL COMMENTS

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**OVERALL PERFORMANCE RATING:** \_\_\_\_\_

*An employee signature acknowledges receipt and review of the evaluation with the appropriate supervisor. The employee signature does not necessarily acknowledge agreement with the evaluation. It is understood that the employee or administration may attach an additional statement to this evaluation if desired.*

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Employee Signature

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Date

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Supervisor Signature

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Date