



AP 5-229

BACKGROUND

WESTERN SCHOOL DIVISION CLINICIAN EVALUATION FEEDBACK FORM

CONFIDENTIAL

Date: _____

Clinician's Name: _____ Position: _____

Name of Person Providing Feedback: _____

School: _____

Please comment on the following areas:

Accessibility

- The clinician is accessible to school personnel.
- The clinician is perceived as being a helpful resource

Strengths:

Effectiveness could be improved by:

Communication

- The clinician effectively communicates client's needs
- The clinician appropriately facilitates home-school communication
- The clinician provides satisfactory reports
- The clinician relates appropriately with students

Strengths:

Effectiveness could be improved by:

Teaming and Collaboration

- The clinician collaborates with school personnel
- The clinician attends team meetings and contributes to effective decision making
- The clinician participates and follows through on team action plans/IEPs/IBPs.



Strengths:

Effectiveness could be improved by:

Programming

- The clinician is aware of and uses school and community resources
- The clinician offers relevant recommendations which are practical

Strengths:

Effectiveness could be improved by:

Organization and Management

- The clinician is punctual and sticks to schedule
- The clinician organizes workload effectively
- The clinician is able to work under pressure

Strengths:

Effectiveness could be improved by:

Other Comments:

Ways that the school could better facilitate clinician's functioning:

Has this information been discussed with the clinician? _____

Thank you for your assistance.

Old Policy Reference: GCN-E3
Adopted: May 2005



**WESTERN SCHOOL DIVISION
CLINICIAN EVALUATION**

Memo Re: **Clinician Evaluation**

This is an evaluation year for _____ (Clinician Name). As part of the evaluation process, I would invite you to provide feedback on the Clinician Evaluation Feedback form (GCN-E3) based on the following criteria:

1. Accessibility
2. Communication
3. Teaming and Collaboration
4. Programming
5. Organization and Management

You will also be asked to comment on the major strengths of the clinician, where effectiveness could be improved, and ways in which the school could better facilitate the clinician's functioning.

Clinicians are aware of this letter and would appreciate discussing with you, at a mutually agreed upon time, the information contained in the feedback form.

Your assistance in completing this form is appreciate. Please return it to the Student Services Administrator after you have discussed it with the clinician and before _____.

Thank you.

Old Policy Reference: GCN-E4
Adopted: February 2009