

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.