



THERAPEUTIC SPECIALIST OBSERVATION TOOL (PEER OBSERVER)

Directions: Highlight a rating for each component and then match evidence from your observation notes to explain the rating for each component.

Speech Pathologist: _____ **School:** _____

Peer Observer: _____ **Date:** _____

Component:	Evidence:
1A - Demonstrating knowledge and skill in the specialist therapy area holding the relevant certificate or license	
1B - Establishing goals for the therapy program appropriate to the setting and the students served	
1C - Demonstrating knowledge of District state and federal regulations and guidelines	
1D - Demonstrating knowledge of resources both within and beyond the school and district	
1E - Planning the therapy program integrated with the regular school program to meet the needs of individual students	
1F - Developing a plan to evaluate the therapy program	
2A – Establishing rapport with students	
2B - Organizing time effectively	
2C - Establishing and maintaining clear procedures for referrals	
2D - Establishing standards of conduct in the treatment center	
2E - Organizing physical space for testing of students and providing therapy	
3A - Responding to referrals and evaluating student needs	
3B - Developing and implementing treatment plans to maximize student s success	
3C - Communicating with families	
3D - Collecting information; writing reports	
3E - Demonstrating flexibility and responsiveness	
4A - Reflecting on practice	
4B - Collaborating with teachers and administrators	
4C - Maintaining an effective data management system	

Component:	Evidence:
4D - Participating in a professional community	
4E - Engaging in professional development	
4F - Showing professionalism including integrity advocacy and maintaining confidentiality	

Speech Pathologist Signature

Observer Signature