



School Psychologist Assessment and Support Program

Self-Assessment / Area of Investigation

309 South K Street • Oxnard, California 93030 • 805.385.2500 • FAX 805.385.25

Name: _____ Site: _____

If you are not on cycle, complete #1 and sign indicating you have completed your self-assessment. If you are on cycle, complete #1, #2, and #3, sign that you have completed your self-assessment, and plan to meet with an administrator.

1. Please write in the date you completed your Self-Assessment.

2. If you are on cycle, circle your TASP option.
 - Administrative Mandate (all 1st and 2nd year teachers)
 - Administrative Option (by choice)
 - Portfolio Option
 - Partner Option Write in Partner's name: _____

3. After reflecting on your Self-Assessment, please list below the area(s) you intend to investigate during this school year. First and second year teachers are expected to address all 3 domains (two per observation).
 - ___ Domain 16: Assessing and Diagnosing Student Needs
 - ___ Domain 17: Developing and Implementing the IEP
 - ___ Domain 18: Professional Responsibilities

Administrator Comments:

Psychologist Signature: _____ Date: _____

Administrator Signature: _____ Date: _____