



## Speech Therapist Assessment and Support Program

Self-Assessment / Area of Investigation

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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 1<sup>st</sup> and 2<sup>nd</sup> 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 4 domains (two per observation).
  - \_\_\_ Domain 25: Pre-Referral Process
  - \_\_\_ Domain 26: Assessment and Reporting
  - \_\_\_ Domain 27: Developing and Implementing the IEP
  - \_\_\_ Domain 28: Professional Responsibilities

Administrator Comments:

Speech Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_