



Oxnard Union High School District

Certificated Employee Observation/Evaluation Report Form- School Psychologist

Name: _____ Site: _____

Administrator: _____

Type of Observation: Formal Informal

Employment Status: Temporary Probationary I Probationary II Permanent

Pre Conference 1 or 2 Date _____

Identify the specific Student-School Psychologists behaviors that will demonstrate achievement of the Area of Investigation. State specifically what will be observed.

California Standards for School Psychologist to be Evaluated:
(Check only those standards that were observed during the observation session)

Observation 1 or 2 Date _____

16. Assessing and Diagnosing Student Needs <input type="checkbox"/> Standard Met <input type="checkbox"/> Standard Not Met		
	Observed	Not Observed
A. Gathers a Variety of Background Data		
B. Utilizes a Variety of Tests and Diagnostic Procedures		
C. Monitors and Communicates Student Progress		
Comments (Including recommendations/commendations):		

17. Developing and Implementing the IEP <input type="checkbox"/> Standard Met <input type="checkbox"/> Standard Not Met		
	Observed	Not Observed
A. Assists in the Processing of Student Referrals		
B. Provides Required Information Needed for IEP Development		

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C. Developing the IEP in Accordance with Legal Requirements		
Comments (Including recommendations/commendations):		

18. Professional Responsibilities	<input type="checkbox"/> Standard Met <input type="checkbox"/> Standard Not Met	
	Observed	Not Observed
B. Staff Development		
C. Promoting Positive School-Community Relations		
Comments (Including recommendations/commendations):		

Post Conference 1 or 2 **Date** _____

After sharing the observation data, compare what happened with what was desired. Reflect on what helped and what hindered and why.

Next Steps

Improvements /New Strategies

Administrator Comments:

Signature of Evaluator: _____

Date: _____

Signature of Psychologist: _____

Date: _____

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