# Natomas Unified School District

## Psychologist Evaluation

**Name:**

**School Sites:**

**Evaluators:**

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Pre-observation meeting / discuss goals and objectives for the year: ____________ (date)

Date and time for observation (total at least 30 minutes): ____________ (date)

What will observer see on that date? ___________________________________________________________________________________

Observation of entire IEP where the psychologist is presenting a case: ____________ (date)

Observation of SST meeting where the psychologist is a member: ____________ (date)

*If a “Needs Improvement” is marked, observed examples must be quoted.

## STANDARD 1: ASSESSMENT

<table>
<thead>
<tr>
<th>Plans and Conducts Psycho-Educational Assessments.</th>
<th>Unsatisfactory</th>
<th>Needs Improvement</th>
<th>Satisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Planning and carrying out individual evaluations (initials, reviews, 3 year reevaluations etc)</td>
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<tr>
<td><strong>2.</strong> Writing Evaluation reports describing the results of the assessment.</td>
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<tr>
<td><strong>3.</strong> Communicating evaluation findings to school personnel, parents and student (if appropriate).</td>
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<tr>
<td><strong>4.</strong> Accurate and timely completion of written reports (60 days or less from the time the permission to assess is obtained unless circumstances beyond the control of the psychologist exists).</td>
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<tr>
<td><strong>5.</strong> Serves as a professional member of site, district and/or SELPA meetings.</td>
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</tbody>
</table>

**OVERALL RATING FOR STANDARD 1**

In reference to element(s), what evidence or practices can be noted?

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## STANDARD 2: CONSULTATION OR COUNSELING SERVICES

<table>
<thead>
<tr>
<th>Provides Consultation and or Counseling Services</th>
<th>Unsatisfactory</th>
<th>Needs Improvement</th>
<th>Satisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Consults with staff and parents and school personnel on student evaluation, placement and behavioral concerns.</td>
<td></td>
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<tr>
<td><strong>2.</strong> Counsel and consult with students, teachers, and parents in regard to student problems which adversely affect their educational development</td>
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<tr>
<td><strong>3.</strong> Review cases referred for Student Study Team interventions and providing recommendation.</td>
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</tbody>
</table>

**OVERALL RATING FOR STANDARD 2**

In reference to element(s), what evidence or practices can be noted?

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## STANDARD 3: PROFESSIONAL DEVELOPMENT

<table>
<thead>
<tr>
<th>Develops as a School Psychologist</th>
<th>Not consistent with Standard Expectations</th>
<th>Developing Practice</th>
<th>Applying Practice</th>
<th>Accomplish practice that exemplifies standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establishes goals, plans professional development, and pursues opportunities to grow professionally.</td>
<td></td>
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<tr>
<td>2. Demonstrates a regular and ongoing effort to remain current in knowledge regarding issues and practices related to psychological services and Special Education.</td>
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<tr>
<td>3. Works with colleagues to improve professional practice.</td>
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</tbody>
</table>

**OVERALL RATING FOR STANDARD 3**

Needs Improvement  Satisfactory  Commendable

In reference to element(s), what evidence or practices can be noted?

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## STANDARD 4: INTERVENTION

<table>
<thead>
<tr>
<th>Problem Resolution/Crises Interventions</th>
<th>Not consistent with Standard Expectations</th>
<th>Developing practice</th>
<th>Applying Practice</th>
<th>Accomplish practice that exemplifies standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Serves as a resource for staff and students on issues related to the provision of special education services</td>
<td></td>
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<tr>
<td>2. Works directly with students or families.</td>
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<tr>
<td>3. Can direct families to community resources such as counseling social skills training, behavior management and other interventions.</td>
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<tr>
<td>4. Active member of school teams in emergency and crisis situations.</td>
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</tbody>
</table>

**OVERALL RATING FOR STANDARD 4**

Needs Improvement  Satisfactory  Commendable

In reference to element(s), what evidence or practices can be noted?

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## STANDARD 5: STAFF SERVICES

<table>
<thead>
<tr>
<th>Professional Participation and Staff Services</th>
<th>Not consistent with Standard Expectations</th>
<th>Developing practice</th>
<th>Applying Practice</th>
<th>Accomplish practice that exemplifies standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Serves as a professional member of IEP meetings.</td>
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<tr>
<td>2. Participation in District psychologist meetings, Special Education meetings, staff development, and other related site meetings including SST as appropriate.</td>
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</tr>
</tbody>
</table>

**OVERALL RATING FOR STANDARD 5**

Needs Improvement  Satisfactory  Commendable

In reference to element(s), what evidence or practices can be noted?

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**Evaluation Statement:**

**Commendations/Recommendations:**

Psychologist’s Signature  Date

Evaluator’s Signature  Date
Today’s Date: __________________ Work Site: __________________
Employee Name: __________________

**NTA Contract Article III – Grievance Procedures N.1**

A grievant may present the grievance to the immediate administrator within twenty days (20) after the violation, misinterpretation, or misapplication of the provisions of this agreement, after the grievant knew, or reasonably should have known, of the circumstances, which form the basis for the grievance.

Date grievance occurred (or was discovered): __________

Date of Step 0 (Informal conference with the immediate administrator): __________

1. **Concise statement of the grievance:**

   Describe the specific grounds of your grievance including names, dates, places, and other information necessary for a complete understanding of the grievance.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   ______________________________________________________________________________________
2. **Specific section or sections of the agreement violated:**
List the article(s) and section(s) of the agreement, which are alleged to have been violated or misapplied.

3. **List the reason(s) why the immediate administrator=s proposed resolution to the problem is unacceptable:**

4. **List the specific action(s) you request of the public school employer to remedy your grievance.**

5. **The immediate administrator shall communicate a decision to the grievant in writing and attach it to this form within ten (10) days after receiving the formal grievance.**

**Grievant's Signature:**

**Date Of Presentation:**

**Time Of Presentation:**

**Signed As Received By:**

**Immediate Administrator**
NATOMAS UNIFIED SCHOOL DISTRICT
Natomas Teachers Association

Grievance Form
Formal Level – Step 2 (District Level)
(To be completed if not satisfied with Step 1 decision)

☐ Attach copy of Step 1 form & response/decisions rendered by immediate administrator

Today’s Date: ____________________ Work Site: ____________________
Employee Name: ____________________

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NTA Contract Article III – Grievance Procedures 0.1

If the grievant is not satisfied with the decision at Step 1, or if no written decision has been rendered within ten (10) days, then within ten (10) days of the receipt of the decision, or upon the termination date of the decision deadline, a written appeal on the appropriate form may be made to the Superintendent or his designee after filing with the District grievance officer (via the NTA Grievance Chair).

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Date grievance occurred (or was discovered): ________________
Date of Step 0 (Informal conference with the immediate administrator): ________________
Date of Step 1 (Presented to immediate administrator): ________________
Date Step 1 response/decision received from immediate administrator: ________________
Date filed with District grievance officer (via NTA Grievance Chair): ________________

1. Concise statement of the reasons for the appeal:
List the reason(s) why the immediate administrator’s proposed resolution to the problem is unacceptable.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
2. The Superintendent or designee shall render a written decision and attach it to this form within ten (10) days after receiving the appeal.

Either the grievant or the Superintendent or designee may request a personal conference within the above time limits.

Grievant's Signature: ________________________________