**Kentucky Framework for Specialists Self-Assessment**

**Therapeutic Specialist – Speech Pathologist**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Part B: Connecting Priority Growth Needs to Professional Growth Planning**

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| **Connections: Select the area(s) below that helped you determine your area for professional growth.** |
| □ Self-reflection (see above) | □ Observations | □ CDIP/CSIP |
| □ Student Growth Goal | □ Student Voice | □ Personal Choice |
| □ Other: (please specify) |  |

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| What do I want to change about my instruction that will effectively impact student learning? |  |
| What professional learning is necessary to make that change? |  |
| How will I monitor my progress towards my goal? How will I know if I accomplished my goal? |  |

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| **Action Plan** |
| **Professional Learning** | **Resources/Support** | **Targeted Completion Date** |
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| **Demonstrable:*****Identify the documentation intended to demonstrate your professional growth.*** |
| □ Artifacts | □ Self-Assessment | □ Ongoing Self-Reflection |
| □ Certificate of Completion | □ Teaming with Colleague | □ Observation Data |
| □ Other: (please specify) |  |

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| **Teacher Signature:** | **Date:** |
| **Administrator Signature:** | **Date:** |

**Part C: Mid-Year Reflection – Progress Toward Professional Growth Goal**

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| **Date:** | **Status of Professional Growth Goal:** | **Revisions/Modifications:** |
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**Part D: Summative Reflection- Level of Attainment for Professional Growth Goal**

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| **Date:** | **End of Year Reflection:** |
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| **Next Steps:** |
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| **Status of Professional Growth Goal:**  |
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| * Complete
 | * Continue
 | * Not Started
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| **Teacher Signature:** | **Date:** |
| **Administrator Signature:** | **Date:** |