



Final Evaluation Report: Occupational/Physical Therapist

Professional Growth System
Office of Human Resources and Development
Rockville, Maryland 20855
MONTGOMERY COUNTY PUBLIC SCHOOLS

MCPS Form 425-46
March 2011

Directions: Evaluators complete a narrative description based on the following performance standards. The description includes observation of therapy sessions; observation of assessments and parent and team meeting participation; review of student work samples and quarterly progress reports; review of files, therapy logs, IEPs, IFSPs, and assessment reports; review of professional growth plans and implementation results; and review of any other documents collected by the evaluator and/or occupational/physical therapist during the full length of the cycle.

Occupational/Physical Therapist _____

Employee Number _____ Years of MCPS Experience _____

Principal/Supervisor _____

- Type
- | | |
|---|---|
| <input type="checkbox"/> First-year Probationary | <input type="checkbox"/> Tenured (3-year cycle) |
| <input type="checkbox"/> Second-year Probationary | <input type="checkbox"/> Tenured (4-year cycle) |
| <input type="checkbox"/> Special Evaluation | <input type="checkbox"/> Tenured (5-year cycle) |

School _____

Performance Standards:

- I. Occupational and physical therapists are committed to students and their learning.
- II. Occupational and physical therapists have an in-depth knowledge of their respective fields and know how to implement and appropriate programs.
- III. Occupational and physical therapists are responsible for establishing and managing student learning in a positive learning environment.
- IV. Occupational and physical therapists continually assess student progress, analyze the results and adapt intervention to improve student achievement.
- V. Occupational and physical therapists are committed to continuous improvement and professional development.
- VI. Occupational and physical therapists exhibit a high degree of professionalism.

Dates of Observations _____

Dates of Conferences _____

Final Rating Meets Standard Below Standard

Evaluator's Signature _____ Date _____

Occupational/Physical Therapist's Signature _____ Date _____

(The occupational/physical therapist's signature indicates that the occupational/physical therapist has read and reviewed the final evaluation, not necessarily that the occupational/physical therapist concurs with the contents. Occupational/physical therapist may attach comments.)