



CLVT[®] Performance Appraisal Year _____

Low Vision Specialist Name:

Date/Times of Observations(s):

Evaluator:

General Sources of Information for all areas of Evaluation/Observation: preconference, observations, professional meetings, professional development plan, goal sheets, student files, contact reports, feedback from parents and LEAs, post-evaluation conferences, etc.

The scale used for this evaluation is 2 points "Exceeded Expectations"; 1 point is "Met Expectations" and 0 is for "Does Not Meet Expectations". The explanation of the criteria for each level is provided to the Outreach Consultants each fall.

Ratings Points for: Performance ____ Professionalism ____ Service ____

I. Performance	Points
1. Develops well-written evaluation reports with appropriate recommendations for each student.	
2. Addresses unique needs of students (abilities, learning styles, handicaps).	
3. Provides direct instruction to students.	
4. Assists parents and LEA and others by providing information and resources related to low vision.	
5. Provides training for others including parents, colleagues, and others.	
6. Reinforces importance of visual functioning in a variety of environments and correlates low vision to appropriate areas of the Expanded Core Curriculum.	
7. Demonstrates care and respect for materials and equipment.	
8. Maintains student files.	
9. Uses time productively.	
10. Attends to professional responsibilities such as attending IEP and IFSP meetings, evaluations and other student related activities.	

11. Submits all travel related expense reports.	
12. Responds to feedback from students, parents, LEAs, and other professionals.	
13. Shows consideration and respect in relationships with LEA, SDSBVI, SBVI, students, and parents.	
Performance Total Points	

II. Professional Growth and Development	
1. Continues efforts toward professional improvement such as classes, AER certification, workshops, etc. <i>You have maintained your certification. You are interested in training opportunities and take advantage of them.</i>	1
2. Maintains all required state and national certifications. <i>You have kept these up and submitted them in a timely manner.</i>	2
3. Share and seeks knowledge willingly. <i>This is a strength area for you. You never stop learning.</i>	1
4. Maintains a positive and supportive attitude. <i>You are willing to assist where there is a need. You have traveled with and supported outreach staff in low vision.</i>	2
Professional Growth Total Points	6

III. Service to the School Community	
1. Cooperates with colleagues in continuous staff efforts to improve the total low vision program. <i>You have done some collaboration with classroom teachers to improve student access to learning.</i>	2
2. Participates in committees for program improvement. <i>You were involved in the strategic planning. You have been working with the Director of Student Services on evaluations and low vision clinic.</i>	2
3. Assumes responsibility for additional projects. <i>You have moved the Low Vision Clinic concept forward this year. You have made contacts with medical professionals and other providers. I am very pleased with the progress.</i>	2
Service Total Points	6

Additional Comments / Considerations

EVALUATOR'S RECOMMENDATION:

- Recommended for continued employment
 Recommended for continued employment with qualifications
 Not recommended for continued employment

If "recommended for continued employment with qualifications" is checked, the evaluator must state what assistance for improving deficiencies will be provided. If "not recommended for continued employment" is checked the evaluator must state what assistance for improving deficiencies has been provided and also provide notice in accordance to and compliance with all provisions of SDCVL 13-13-43-9.1 and the BOR/COHE contract.

EDUCATOR / EVALUATOR STATEMENTS:

Educator

I have read the contents of this evaluation and understand my signature does not necessarily indicate my agreement. I have the right to attach my demurral statement to this evaluation.

Low Vision Specialist Date

Demurral statement attached

Evaluator

I have reviewed this evaluation with the Low Vision Specialist and attest that it indicates to the best of my ability the performance of Low Vision Specialist named herein.

Evaluator Date