

North Bergen Public Schools

Child Study Team Observation Form

CST Member: _____	Date: _____
School(s): _____	School Year: 2014-2015
Evaluator: _____	
Check one: Tenured: <input type="checkbox"/> Non-Tenured: <input type="checkbox"/>	If Non-Tenured: Year of Service 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Check One: Long <input type="checkbox"/> Short <input type="checkbox"/>	Check one: Announced: <input type="checkbox"/> Unannounced: <input type="checkbox"/>
<u>Performance Ratings</u>	
Highly Effective (HE) – Demonstrates mastery of the component/domain, seamlessly managing all aspects of the component/domain as part of a larger whole helping to create an exceptional learning environment for individual students.	
Effective (E) – Demonstrates command of the component/domain, effectively meeting expectations for the component/domain and creating an effective learning environment for students.	
Partially Effective (PE) - Demonstrates a growing understanding of the component/domain but implements it inconsistently or ineffectually.	
Ineffective (I) – Demonstrates little or no understanding of component/domain and its place within the framework for teaching.	
Not Applicable (N/A) - Not observed or applicable.	
*Any area designated Ineffective or Partially Effective requires comments and recommendations.	

CST Member
(Signature acknowledges receipt, not necessarily agreement)

Date

Administrator

Date

Administrator

Date

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Planning and Preparation:

	<u>EVIDENCE</u>	<u>RATING</u>
1a. Demonstrating knowledge and skill in using psychological instruments to evaluate students		
1b. Demonstrating knowledge of child and adolescent development and psychopathology		
1c. Establishing goals for the psychology program appropriate to the setting and the students served		
1d. Demonstrating knowledge of state and federal regulations and of resources both within and beyond the school and district		
1e. Planning the psychology program, integrated with the regular school program, to meet the needs of individual students and including prevention		
1f. Developing a plan to evaluate the psychology program		

Comments:

The Environment:

	<u>EVIDENCE</u>	<u>RATING</u>
2a. Establishing rapport with students		
2b. Establishing a culture for positive mental health throughout the school		
2c. Establishing and maintaining clear procedures for referrals		
2d. Establishing standards of conduct in the testing center		
2e. Organizing physical space for testing of students and storage of materials		

Comments:

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Delivery of Service:

- 3a: Responding to referrals; consulting with teachers and administrators
- 3b: Evaluating student needs in compliance with National Association of School Psychologists (NASP) guidelines
- 3c: Chairing evaluation team
- 3d: Planning interventions to maximize students' likelihood of success
- 3e: Maintaining contact with physicians and community mental health service providers
- 3f: Demonstrating flexibility and responsiveness

<u>EVIDENCE</u>	<u>RATING</u>

Comments:

Professional Responsibilities:

- 4a: Reflecting on practice
- 4b: Communicating with families
- 4c: Maintaining accurate records
- 4d: Participating in a professional community
- 4e: Engaging in professional development
- 4f: Showing professionalism

<u>EVIDENCE</u>	<u>RATING</u>

Comments:

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OVERALL PERFORMANCE RATING:	<u>I</u>	<u>PE</u>	<u>E</u>	<u>HE</u>

Summarizing Statement:

Based on the Observed Lesson or Activity:

Area(s) of particular strength or where progress is noted:

Area(s) in need of development:

Evaluator's Comments/Recommendations: