

Record of Speech-Language Pathologist Evaluation Activities

| | |
|---------------------|------------|
| Name | ID# |
| School | SchoolYear |
| Position/Assignment | |
| Evaluator | Title |

Speech-Language Pathologist Background: (Briefly describe the speech-pathologist’s educational background, years of experience, assignment, and any other factors that may impact the evaluation)

The North Carolina Speech-Language Pathologist Evaluation is based, in part, on informal and formal observations and conferences conducted on the following dates:

| Activity | Date | Speech-Language Pathologist Signature | Evaluator Signature |
|------------------------------------|------|---------------------------------------|---------------------|
| Orientation | | | |
| Pre-Observation Conference | | | |
| Observation | | | |
| Post-Observation Conference | | | |
| Summary Evaluation Conference | | | |
| Professional Growth Plan Completed | | | |