

## 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			