

Record of School Psychologist Evaluation Activities

Name: _____ ID# _____
 School: _____ SchoolYear: _____
 Position/Assignment: _____
 Evaluator: _____ Title: _____

School Psychologist Background: (Briefly describe the school psychologist’s educational background, years of experience, assignment, and any other factors that may impact the evaluation)

The North Carolina School psychologist Evaluation is based, in part, on informal and formal observations and conferences conducted on the following dates:

Activity	Date	School psychologist Signature	Evaluator Signature
Orientation			
Pre-Observation Conference			
Observation			
Post-Observation Conference			
Summary Evaluation Conference			
Professional Growth Plan Completed			