

Appendix D

Social Worker Forms

**REFER TO FRAMEWORK FOR TEACHING 2013 EDITION
FOR RUBRIC**

Domains and Components of the Framework for Social Workers

<p>Domain 1: Planning and Preparation</p> <ul style="list-style-type: none"> 1a. Demonstrating knowledge of therapeutic discipline and law pertaining to school system practices 1b. Demonstrating knowledge of typical and atypical child and adolescent development 1c. Establishing therapeutic goals 1d. Designing therapy services with appropriate resources 1e. Developing a plan to evaluate therapeutic services <p><i>What a teacher knows and does in preparation for teaching.</i></p>	<p>Domain 2: The Environment</p> <ul style="list-style-type: none"> 2a. Creating an environment of respect and rapport 2b. Establishing a therapeutic environment of learning, participation, and independence 2c. Managing time, procedures and Physical space 2d. Managing student behavior <p><i>All aspects of teaching that lead to a culture for learning in the classroom.</i></p>
<p>Domain 3: Delivery of Service</p> <ul style="list-style-type: none"> 3a. Communicating with and on the behalf of students 3b. Implementing and adapting therapy services to maximize students' success 3c. Engaging students in the therapy process 3d. Using assessment/evaluation to guide therapy 3e. Demonstrating flexibility and responsiveness <p><i>What a teacher does to engage students in learning.</i></p>	<p>Domain 4: Professional Responsibilities</p> <ul style="list-style-type: none"> 4a. Reflecting on practice 4b. Maintaining accurate records 4c. Communicating with families 4d. Growing individually and collectively as a professional 4e. Showing professionalism <p><i>Professional responsibilities and behavior in/out of the classroom.</i></p>

School District 308: Framework for Social Workers

Domain 1: Planning and Preparation				
Component	Unsatisfactory	Needs Improvement (Basic)	Proficient	Excellent (Distinguished)
1a: Demonstrating Knowledge of Therapeutic Discipline and Law Pertaining to School System Practice	Therapist makes significant errors and/or does not plan to address significant errors made by students. Therapist displays little understanding of prerequisite knowledge and best practices important to enhancing student progress and function. Therapist displays little or no knowledge of laws and procedures governing therapists.	Therapist is familiar with the important concepts in the discipline but displays lack of awareness of how therapeutic concepts relate to the educational system. Therapist demonstrates an understanding of therapeutic discipline although knowledge is incomplete. Therapist's plans and practice reflect a limited range of therapeutic approaches.	Therapist displays solid knowledge of the important concepts in the discipline and how they relate to one another. Therapist demonstrates accurate understanding of prerequisite relationships among therapy concepts and educational practice. Therapist's plans and practice reflect familiarity with best practice in the therapy field.	Therapist displays extensive knowledge of the important concepts in the discipline and how these relate to school system practice and the interventions provided by other disciplines. Therapist demonstrates understanding of prerequisite relationships among therapy concepts and educational practice and understands the link to necessary components that ensure student progress and function. Therapist's plans and practice reflect familiarity with a wide range of research in the therapy field and the ability to anticipate student responses.
Critical Attributes	<ul style="list-style-type: none"> Therapist is unfamiliar with the important concepts in the field of social work and how they relate to school practice. Therapist is unaware of state laws and professional procedures governing best practices for therapists. 	<ul style="list-style-type: none"> Therapist has limited knowledge of the important concepts in the field of social work and how they relate to school practice. Therapist is somewhat aware of state laws and professional procedures governing best practices for therapists. 	<ul style="list-style-type: none"> Therapist is familiar with the important concepts in the field of social work and how they relate to school practice. Therapist is aware of state laws and professional procedures governing best practices for therapists. 	<ul style="list-style-type: none"> Therapist is able to serve as a resource to coworkers and parents when discussing the important concepts in the field of social work and how they relate to school practice. Therapist is very familiar with state laws and professional procedures governing best practices for therapists.

Component	Unsatisfactory	Needs Improvement (Basic)		(Distinguished)
1b: Demonstrating Knowledge of Typical and Atypical Child and Adolescent Development	Therapist displays minimal understanding and little knowledge of typical and atypical development and how development and special needs impact student progress — and does not indicate that such knowledge is valuable.	Therapist displays generally accurate knowledge of how typical and atypical development and special needs impact student progress, but may overgeneralize this knowledge across student groups.	Therapist understands the individualized nature of student progress and utilizes information on typical and atypical development and special needs appropriately with students. Therapist also purposefully acquires knowledge from several sources about students' development and skills, special needs, and performance.	Therapist understands the individualized nature of student progress and acquires information to address the complexity of student needs with typical and atypical development in mind. Therapist also uses knowledge to systematically problem-solve and plan using knowledge from research based sources that address individual students' development and skills, special needs, and performance.
Critical Attributes	<ul style="list-style-type: none"> • <i>Therapist demonstrates minimal knowledge of typical and atypical social development.</i> • <i>Therapist demonstrates minimal knowledge of resources available concerning developmental social norms.</i> • <i>Therapist demonstrates minimal knowledge of social skills deficits and mental health disorders and their impact on the educational process.</i> 	<ul style="list-style-type: none"> • <i>Therapist demonstrates limited knowledge of typical and atypical communication development.</i> • <i>Therapist demonstrates limited knowledge of resources available concerning developmental social norms.</i> • <i>Therapist demonstrates limited knowledge of social skills deficits and mental health disorders and their impact on the educational process.</i> 	<ul style="list-style-type: none"> • <i>Therapist demonstrates knowledge of typical and atypical social development.</i> • <i>Therapist references several appropriate resources containing developmental social norms.</i> • <i>Therapist demonstrates knowledge of social skills deficits and mental health disorders and their impact on the educational process.</i> 	<ul style="list-style-type: none"> • <i>Therapist is respected member of team providing knowledge of typical and atypical social development that contributes to student success.</i> • <i>Therapist references and shares important information concerning developmental social norms.</i> • <i>Therapist demonstrates and shares skilled knowledge of social skills deficits and mental health disorders and their impact on the educational process.</i>

Component	Unsatisfactory	Needs Improvement (Basic)	(Distinguished)	
1c: Establishing Therapeutic Goals	The goals do not exist or are not measurable and do not reflect important progress in area of student need. Goals are inappropriate to either the situation, student age, or needs of the student.	Goals are rudimentary -- stated as directions for the team or as therapeutic activities, or based on global assessments of student progress rather than specific to individual student needs. Goals are measurable but reflect limited suitability for the student's age, needs and situation.	The goals are rigorous and address specific and important student needs. Goals are clear, measurable and suggest viable methods of assessment. Goals are suitable for student's age, needs and situation, and are applicable for integration into the student's educational curriculum.	The goals represent a high-level of understanding of how to assimilate therapeutic strategies into the educational curriculum. Goals are clear, measurable and understood by a variety of team members. Goals permit viable methods of assessment and allow for progress. Goals are differentiated, in whatever way is needed, for individual students.
Critical Attributes	<ul style="list-style-type: none">• Therapist does not use assessment results and/or current available data to formulate goals that address individual student needs.• Therapist does not write measurable or achievable goals that are aligned to the CC and SEL Standards.• Therapist is unable to communicate rationale for targeted goal areas.• Therapist is unaware of related academic goals.	<ul style="list-style-type: none">• Therapist inconsistently uses assessment results, and/or current available data to formulate goals that address individual student needs.• Therapist writes measurable and achievable goals that are aligned to the CC and SEL Standards in a limited way.• Therapist has limited communication regarding the rationale for targeted goal areas.• Therapist demonstrates some awareness of related academic goals.	<ul style="list-style-type: none">• Therapist uses assessment results and/or current available data to formulate goals that address individual student needs.• Therapist writes goals that are consistently measurable and achievable, as well as aligned to the CC and SEL Standards.• Therapist is able to communicate to parents and/or staff members the rational for the targeted goal areas.• Therapist shares responsibility for related academic goals.	<ul style="list-style-type: none">• Therapist uses assessment results and/or current available data, from all academic areas, to formulate highly effective goals that address individual student needs.• Therapist collaborates with team members to write measurable and achievable goals that are aligned to the CC and SEL Standards.• Therapist is able to effectively communicate to parents, students (as appropriate), and related staff members the rational for the targeted goal areas.• Therapist shares responsibility for related academic goals and collaborates with team members to maximize student success.

Component	Unsatisfactory	Needs Improvement (Basic)		(Distinguished)
1d: Designing Therapy Services With Appropriate Resources	Therapy program consists of a random collection of unrelated activities, lacking alignment or an overall structure. Therapist is unaware of resources (e.g. references and best practices through professional organizations, etc.) to assist student progress beyond materials provided by the school or district, nor is therapist aware of resources for expanding one's own professional skill.	Therapist's plan has a guiding principal and includes a number of worthwhile activities, but some do not fit the overall program goal or do not fit a sequential progression of skill development. Therapist displays some awareness of resources (e.g. references and best practices through professional organizations, etc.) beyond those provided by the school or district and for extending one's professional skill but does not seek to expand this knowledge.	Therapist has developed an aligned, sequential plan that supports individual needs of students. The therapeutic activities correlate with educational programming and represent appropriate challenges to student function. Therapist displays awareness of resources (e.g. references and best practices through professional organizations, etc.) beyond those provided by the school or district, and applies those resources in an effective manner with students and with the purpose of extending one's professional skill.	Therapist's plan is sequentially aligned, serves to support students individually within the broader educational program, and considers the long-term effects. The therapist blends therapeutic activities skillfully into the student's educational program. Therapist's knowledge of resources (e.g. references and best practices through professional organizations, etc.) for therapeutic use and for extending one's professional skill is extensive, including those available through the school or district, in the community, through professional organizations and universities, and on the Internet. The therapist incorporates resources appropriately for the individual needs of the student.
Critical Attributes	<ul style="list-style-type: none"> • <i>Learning activities are not designed to aid in goal achievement.</i> • <i>Therapist does not provide appropriate materials.</i> • <i>Therapist is not aware of current best practices and resources for use in therapy.</i> 	<ul style="list-style-type: none"> • <i>Learning activities are suitable to aid in goal achievement.</i> • <i>Therapist provides appropriate materials.</i> • <i>Therapist is somewhat aware of current best practices and resources for use in therapy.</i> 	<ul style="list-style-type: none"> • <i>Learning activities are differentiated and specifically designed to aid in goal achievement.</i> • <i>Therapist provides a variety of appropriately challenging materials.</i> • <i>Therapist is knowledgeable of current best practices and resources, integrating them into therapy.</i> 	<ul style="list-style-type: none"> • <i>Learning activities are differentiated and specifically designed to aid in goal achievement and carry over into all academic settings.</i> • <i>Therapist provides a variety of evidence-based materials that are differentiated for individualized student success.</i> • <i>Therapist is knowledgeable of current best practices and resources, seamlessly integrating them into therapy.</i>

Component	Unsatisfactory	Needs Improvement (Basic)		(Distinguished)
1e: Developing a Plan to Evaluate Therapeutic Services	Assessment procedures are not consistent with student needs and therapeutic outcomes, and contain no criteria by which student performance will be assessed. Therapist has no plan to incorporate baseline assessments in the therapy plan.	Assessment procedures are rudimentary and data collection is inconsistent. Assessment criteria and standards have been developed, but they are not clear. Baseline assessments are included in only some of the therapeutic outcomes.	Assessment procedures are clear and organized to reflect individual student growth toward identified goals. Therapist has an established plan to collect data to support therapeutic services incorporating baseline assessment.	Therapeutic goals can be monitored by the therapist's assessment plan, which reflects student performance throughout the school day. The assessment plan has clear criteria for identifying student performance within the educational program. Assessment methodologies have been adapted for individual students as needed. When appropriate, the plan allows student contribution or feedback as part of the process. Data collection is skillfully designed, includes baseline assessment and developed in collaboration with the team.
Critical Attributes	<ul style="list-style-type: none"> • Therapist does not use a system for assessing therapeutic outcome. • Therapist does not collect necessary data. • Therapist does not modify goals and objectives based on student progress. 	<ul style="list-style-type: none"> • Therapist uses an ineffective system for assessing therapeutic outcome. • Therapist collects minimal or irrelevant data. • Therapist inconsistently modifies goals and objectives based on student progress. 	<ul style="list-style-type: none"> • Therapist uses an appropriate system for assessing therapeutic outcome. • Therapist accurately collects data to reflect student progress. • Therapist modifies goals and objectives based on student progress. 	<ul style="list-style-type: none"> • Therapist uses an effective system for assessing therapeutic outcome across educational settings. • Therapist accurately collects relevant data and shares findings with student, as appropriate. • Therapist modifies goal and objectives based on data from multiple sources including student feedback.

Domain 2: The Classroom Environment

Component	Unsatisfactory	Needs Improvement (Basic)	Proficient	Excellent (Distinguished)
2a: Creating an Environment of Respect and Rapport	Therapist's interactions with students are negative or inappropriate; students appear uncomfortable in therapy or assessment settings.	Therapist's interactions are a mix of positive and negative; the therapist's efforts at developing rapport are partially successful. The net result of the interactions is neutral, conveying neither warmth nor conflict.	Therapist's interactions with students are positive and respectful; students appear comfortable in the testing and therapeutic environment. Therapist attempts to facilitate interactions among students that are polite and respectful, though students may be somewhat cautious about participating in challenging therapeutic activities.	The therapeutic environment facilitates respect and caring. Students seek out the specialist reflecting a high degree of comfort and trust in the relationship. Interactions between therapist and students are highly respectful, reflecting genuine warmth and caring and sensitivity to students as individuals. The net result is an environment where students feel valued and are comfortable participating in challenging activities.
Critical Attributes	<ul style="list-style-type: none"> • <i>Communication between Therapist and student(s) is disrespectful.</i> • <i>Therapist does not demonstrate connections with individual students.</i> 	<ul style="list-style-type: none"> • <i>Communication between Therapist and student(s) is somewhat disrespectful.</i> • <i>Therapist makes basic general connections with individual students.</i> 	<ul style="list-style-type: none"> • <i>Communication between Therapist and student(s) is uniformly respectful.</i> • <i>Therapist demonstrates an established connection with individual student, encouraging participation in activities.</i> 	<ul style="list-style-type: none"> • <i>Communication between Therapist and student(s) demonstrates a high level of respect.</i> • <i>Therapist demonstrates a connection with individual student that encompasses an understanding of needs beyond the school setting. Students are comfortable participating in any school activity.</i>
2b: Establishing a Therapeutic Environment of Learning, Participation, and Independence	The therapeutic environment is characterized by a lack of therapist or student commitment to progress, and/or little or no investment of student energy in the task at hand. Hard work is not expected or valued. Low expectations for student progress are the norm.	The therapeutic environment is characterized by little commitment by therapist or students. Therapist appears to be only "going through the motions", and students inconsistently understand their role. Therapist conveys that student success is the result of natural ability rather than hard work. Medium expectations for student progress are the norm.	The therapeutic environment is a place where progress is valued by all, with high expectations for both learning and hard work being the norm for most students. To the best of their ability, students understand their role and consistently expend effort. Interactions support a high level of learning, participation, and independence.	The therapeutic environment is rigorous, characterized by a shared belief in the importance of progress. Therapist conveys high expectations and insists on hard work; students assume responsibility for learning, participation, and independence

Component	Unsatisfactory	Needs Improvement (Basic)	(Distinguished)	
Critical Attributes	<ul style="list-style-type: none"> Therapist does not establish a purpose or expectations for therapeutic activities. Therapist does not use appropriate reinforcement system with students. Therapist does not recognize opportunities to foster independence. 	<ul style="list-style-type: none"> Therapist inconsistently establishes a purpose or expectations for therapeutic activities. Therapist uses ineffective reinforcement system with students. Therapist recognizes some opportunities to foster independence. 	<ul style="list-style-type: none"> Therapist establishes a purpose and expectations for therapeutic activities. Therapist uses appropriate reinforcement system with students. Therapist recognizes opportunities to foster independence. 	<ul style="list-style-type: none"> Therapist clearly establishes rigorous expectations for therapeutic activities, facilitating student understanding of purpose. Therapist uses highly effective reinforcement system with student that encourages student self-monitoring of progress. Therapist creates opportunities to foster independence. Students take responsibility for their own learning.
2c Managing Time, Procedures and Physical Space	<p>Much instructional time is lost due to inefficient routines and procedures. There is little or no evidence of therapist's managing student, transitions and/or handling of materials and supplies effectively. There is little evidence that students know or follow established routines. The therapeutic environment is unsafe. Given available resources, there is poor use of physical space and materials.</p>	<p>Some instructional time is lost due to only partially effective routines and procedures. Therapist's management of student, transitions or handling of materials and supplies are inconsistent, leading to some disruption. With regular guidance and prompting, students follow established routines. The therapeutic environment is safe. Given available resources, therapist makes modest use of physical space and materials.</p>	<p>There is little loss of instructional time due to effective routines and procedures. Therapist's management of student, transitions or handling of materials and supplies, or both, are consistently successful. With minimal guidance and prompting, students follow established routines. Given available resources, the therapeutic environment is safe and uses physical space and materials effectively.</p>	<p>Instructional time is maximized due to efficient and seamless routines and procedures. To the best of their ability, students take initiative in the management of routines and transitions, and/or the handling of materials and supplies. The therapeutic environment is safe. Therapist demonstrates a well- thought out use of physical space and materials. Therapist and students work together to ensure that the physical arrangement is appropriate to the learning activities when applicable.</p>
Critical Attributes	<ul style="list-style-type: none"> Transitions and therapy routines are confused and chaotic. Materials are not readily available. Therapy resources are not arranged to support the instructional goals and learning activities. Available technology is not being used. 	<ul style="list-style-type: none"> Transitions and therapy routines are awkward. Limited materials are available. Therapy session routines function inconsistently. Therapy resources are adequately arranged to support instructional goals and learning activities. Therapist makes limited use of available technology. 	<ul style="list-style-type: none"> Transitions and therapy routines are smooth. Materials are readily available. Therapy resources are arranged to support the instructional goals and learning activities. Therapist makes appropriate use of available technology. 	<ul style="list-style-type: none"> Transitions and therapy routines are seamless with the focus on therapy activities. Materials are readily accessible and/or managed by student. Students actively utilize resources to support the instructional goals and learning activities. Therapist is highly skilled in the use of available technology.

	Unsatisfactory	Needs Improvement (Basic)		(Distinguished)
2d: Managing Student Behavior	There appear to be no established standards of conduct. There is little or no therapist monitoring of student behavior and response to students' misbehavior is repressive or disrespectful of student dignity. Therapist does not exhibit an understanding of student developmental level or needs related to behavior.	Standards of conduct appear to have been established, but their implementation is inconsistent. Therapist attempts to respond to disrespectful behaviors has inconsistent results.	Standards of conduct have been established and therapist monitors student behavior against this code. Therapist response to student misbehavior is consistent, proportionate, and respectful to students and is effective. Therapist responds consistently to disrespectful behavior according to individualized plan when appropriate.	Standards of conduct are clearly established and appropriate. As appropriate, students take an active role in monitoring their own behavior against standards of conduct. Therapist's monitoring of student behavior is subtle and preventive. Therapist's response to student misbehavior is sensitive to individual student needs and respects students' dignity.
Critical Attributes	<ul style="list-style-type: none"> • <i>Therapist does not monitor student behavior.</i> • <i>Therapist does not respond to disruptions or disrespectful behavior among the students.</i> 	<ul style="list-style-type: none"> • <i>Therapist attempts to keep track of student behavior.</i> • <i>Therapist occasionally responds to disruptive or disrespectful behavior among the students.</i> 	<ul style="list-style-type: none"> • <i>Therapist frequently monitors student behavior.</i> • <i>Therapist responds appropriately to misbehavior among the students.</i> 	<ul style="list-style-type: none"> • <i>Therapist silently and subtly monitors student behavior.</i> • <i>Therapist responds appropriately to misbehavior among the students taking into account the team's individual plan for behavioral management.</i>

Domain 3: Instruction

Component	Unsatisfactory	Needs Improvement (Basic)	Proficient	Excellent (Distinguished)
3a: Communicating With and On the Behalf of Students	Therapist's communication is unclear and the directions and procedures are confusing. Therapy communication contains major errors and does not include any explanation of recommendations. Therapist's spoken or written language contains errors of grammar or syntax. Therapist's vocabulary is inappropriate, vague, or used incorrectly.	Therapist's communication has only limited success, and/or it must be clarified after initial confusion. Written or spoken communication may contain minor errors; some portions are clear, others difficult to follow. Communication does not invite students to engage, understand strategies, or develop independence. Therapist's language is correct but uses vocabulary that is either limited or not fully appropriate to the audience. Therapist rarely takes opportunities to explain discipline-specific vocabulary.	The therapist communicates the relationship of therapy to educational programming; directions and procedures are explained thoroughly and may be modeled. Therapist's explanations are scaffolded, clear, accurate, and connect with the knowledge and experience of the audience. Therapists model when appropriate. During the explanation of content, therapist focuses, as appropriate, on strategies that facilitate independence and invites students to engage and understand strategies. Therapist's spoken and written language is clear and correct and is suitable to the audience. Therapist's use of discipline-specific vocabulary is precise and serves to extend understanding.	The therapist communicates the relationship of therapy to educational programming; directions and procedures are clear and anticipate possible misunderstanding. Therapist's explanation of content is thorough and clear, developing conceptual understanding through scaffolding and modifying communication style in response to audience. Students are encouraged to contribute to the therapy process. Therapist's spoken and written language is expressive and serves to extend understanding. Communication enables students to generalize therapeutic strategies in a variety of environments.
Critical Attributes	<ul style="list-style-type: none"> • Therapist does not convey directions and/or information in a clear manner for the targeted audience. • Therapist makes errors with content that will impact student's understanding and/or future growth. • Therapist's written communication, in the form of report writing, is imprecise and includes various grammatical errors. 	<ul style="list-style-type: none"> • Therapist conveys directions and/or information that is somewhat clear or not appropriate for the audience. • Therapist makes minor errors regarding content, impacting student's understanding and/or future growth. • Therapist's written communication, in the form of report writing, is vague and contains some errors in information and/or grammar. 	<ul style="list-style-type: none"> • Therapist conveys directions and/or information clearly, matching the targeted audience. • Therapist accurately uses content specific vocabulary to expand on a student's understanding and promotes growth. • Therapist's written communication, in the form of report writing, is precise, clear and well understood by the audience. 	<ul style="list-style-type: none"> • Therapist conveys directions and/or information in a clear, concise manner. Communication matches the targeted audience and allows for students to demonstrate understanding of information. • Therapist accurately uses content specific vocabulary, anticipating the need for clarification, allowing for generalization of information to other settings. • Therapist's written communication, in the form of report writing, is well-written, thoroughly documents relevant information, and extends understanding.

Component	Unsatisfactory	Needs Improvement (Basic)		(Distinguished)
3b: Implementing and Adapting Therapy Services to Maximize Students' Success	Therapy services are not suited to the students' ability level and may not be individually designed to meet student needs. Therapist is unaware of student needs and responses to programming. Therapy services may not be provided equitably to all students.	Therapy services are not consistently suited to the students' ability level and may not be fully individualized to meet student needs. Therapist is aware of student needs and responses to programming, but may inconsistently implement and adapt services.	Therapy services are typically suited to the students' ability level and are individualized to meet student needs. Therapist is aware of student needs and responses to programming. Therapist consistently implements and adapts services in response to student needs.	Therapist uses innovative and evidence-based treatments that are suited to the students' ability level and are individualized to meet student needs. Therapist skillfully enables students to contribute to decisions regarding their own therapy program to the best of their ability. Therapist skillfully implements and adapts services in response to student needs.
Critical Attributes	<ul style="list-style-type: none"> Therapist does not use clinical judgment when using therapy materials. Therapy materials, strategies, and/or services are inappropriate for age and development. Services do not reflect student needs and IEP minutes. 	<ul style="list-style-type: none"> Therapist randomly selects therapy materials. Therapy materials, strategies, and/or services are sometimes appropriate for age and development. Most services reflect student needs and IEP minutes. 	<ul style="list-style-type: none"> Therapist uses appropriate clinical judgment when selecting therapy materials. Therapy materials, strategies, and/or services are appropriate for age and development. Services correlate with student's academic and functional needs, accurately reflecting IEP minutes. 	<ul style="list-style-type: none"> Therapist demonstrates a skillful approach to selecting therapy materials. Therapy materials, strategies, and/or services are appropriate to age and development, as well as contribute to progress across the educational setting. Services correlate with academic and functional need, include student input, and change in response to need, while still reflecting IEP minutes.
	Unsatisfactory	Needs Improvement	Proficient	Excellent
3c: Engaging Students in the Therapy Process	Students are unable to engage in the therapy program because the therapy is unsuitable to the student's learning style or incompatible with the educational environment. The therapy program has no clearly defined structure, or engagement is limited by treatment pacing that is too slow or rushed.	Therapeutic services allow most students to be passively engaged or merely compliant. Students are engaged intermittently. Therapy program has a recognizable structure; however, the pacing of the activities may not provide students the time needed to be engaged or may be so slow that many students have a considerable amount of "down time."	Students are engaged in therapeutic activities that are designed to provide an appropriate level of challenge. The therapy program has a clearly defined structure, and the pacing of activities is appropriate, providing most students the time needed to be actively engaged.	Students are actively engaged and challenged through well-designed therapeutic tasks and activities. Therapist provides suitable scaffolding and challenges students to maximize engagement. There is evidence of some student contribution to therapeutic programming; students may serve as models for peers as appropriate. The therapy program has a clearly defined structure, and the pacing provides students the time needed to actively engage with other peers and reflect upon their progress.

Critical Attributes	<ul style="list-style-type: none"> • <i>Therapist does not facilitate the therapy session/service in a manner and pace that is easily followed by students.</i> • <i>Therapist does not use cues/prompts/modeling to elicit student response.</i> • <i>Therapist is unable to recognize spontaneous opportunities within the session for teaching.</i> 	<ul style="list-style-type: none"> • <i>Therapist struggles to facilitate the therapy session/service in a manner and pace that is easily followed by students.</i> • <i>Therapist ineffectively utilizes cues/prompts/modeling to elicit student response.</i> • <i>Therapist glides over spontaneous opportunities, within the session, for additional</i> 	<ul style="list-style-type: none"> • <i>Therapist facilitates the therapy session/service in a manner and pace that is easily followed by students.</i> • <i>Therapist utilizes cues/prompts/modeling to elicit student response.</i> • <i>Therapist recognizes additional teachable moments within the session and attempts to incorporate them into the session.</i> 	<ul style="list-style-type: none"> • <i>Therapist facilitates the therapy session/service in a manner and pace that is easily followed by students, modifying tasks within the session based on performance.</i> • <i>Students use self-cueing techniques and/or student participates actively in services.</i> • <i>Therapist seizes on a teachable moment to enhance a lesson.</i>
3d: Using Assessment/Evaluation to Guide Therapy	Assessment methods or tools are administered incorrectly or are inappropriate for student characteristics, needs, or goals. There is no attempt to engage the student in the assessment process. Therapist does not provide feedback, feedback is of uniformly poor quality, or is not in a timely manner in regards to the therapy program.	Assessment methods or tools are appropriate, but may not be ideally matched to student characteristics, needs, or goals. Assessment administration may be inefficient. Some useful information is gathered, but student progress is not assessed consistently as needed to determine success of therapy services. Feedback is inconsistent in quality or vague. Therapist feedback is not always communicated effectively to the audience. Timeliness of feedback is inconsistent.	Assessment methods or tools are chosen individually for each student/group and administered correctly. Feedback is consistently high quality, and communicated effectively to the audience in a timely manner. When appropriate, students are given opportunity to assess their own performance. Information gathered is used consistently to determine progress.	Therapist skillfully chooses, designs, and administers assessments. Feedback is consistently high quality, and communicated effectively to the audience in a timely manner. Therapist continuously assesses student performance during treatment. Feedback is accurate and specific to the therapy program. Students are given the opportunity to self-assess and monitor their own progress within the therapy program when appropriate. Therapist successfully differentiates assessment methods to anticipate a range of responses and plan accordingly.

Component	Unsatisfactory	Needs Improvement (Basic)		(Distinguished)
Critical Attributes	<ul style="list-style-type: none"> Therapist administers assessments with little regard for standardized procedures. Therapist demonstrates no knowledge of test purpose, ages assessed, and administration techniques. Therapist demonstrates no knowledge of accommodation strategies for social success in the classroom. 	<ul style="list-style-type: none"> Therapist administers assessments with basic understanding of standardized procedures. Therapist demonstrates limited knowledge of test purpose, ages assessed, and administration technique. Therapist demonstrates limited knowledge of accommodation strategies for social success in the classroom. 	<ul style="list-style-type: none"> Therapist administers assessments according to standardized procedures. Therapist demonstrates knowledge of test purpose, ages assessed, and administration technique. Therapist demonstrates knowledge of accommodation strategies for social success in the classroom. 	<ul style="list-style-type: none"> Therapist is able to provide information regarding the overall objectives of tests and subtests. Therapist assists team with the development and use of accommodations for social skills impairments. Therapist assists the student in understanding his/her disability and necessary accommodations when developmentally appropriate.
3e: Demonstrating Flexibility and Responsiveness	Therapist adheres rigidly to a therapy program in spite of evidence of poor student response. Therapist ignores questions; when students have difficulty making progress, therapist consistently blames them for their lack of success. Therapist is unresponsive to concerns expressed by parents, colleagues, and the student.	Therapist attempts to adjust the therapy program to accommodate and respond to student questions and interests meets with mixed results. Therapist accepts responsibility for the student progress, but has only a limited repertoire of strategies to use. Therapist is inconsistently responsive to concerns expressed by parents, colleagues, and the student.	When needed, therapist makes a minor adjustment to the therapy program and does so smoothly. Therapist successfully accommodates student and staff needs. Using a repertoire of strategies, therapist persists in seeking approaches for students who have difficulty making progress toward therapy goals. Therapist responds constructively to concerns expressed by parents, colleagues, and the student.	Therapist seizes an opportunity to enhance student performance, building on a spontaneous event or student interests. Using a repertoire of therapeutic strategies and soliciting additional resources, therapist persists in seeking effective approaches for students. Therapist anticipates areas of concern that may be expressed by parents, colleagues, and the student, and makes subtle adjustments to programming as needed.

Component	Unsatisfactory	Needs Improvement (Basic)	Proficient	(Distinguished)
Critical Attributes	<ul style="list-style-type: none"> • Students are not engaged in the therapy activity and there is no attempt by the Therapist to address their lack of involvement. • Therapy activities and materials require only recall or have a single correct response or method. • Only one type of therapeutic group or service delivery option is used (small groups, individualized activities/push-in vs. pull-out) when variety would promote more student engagement. • Therapy materials used are unsuitable to the lesson and/or the students. • The therapy activity drags or is rushed. 	<ul style="list-style-type: none"> • Some students are engaged in the lesson and some attempt is made to address students' active involvement. • Therapy activities are a mix of those requiring thinking and those requiring recall. • Student engagement with the content is largely passive, the learning consisting primarily of facts or procedures. • The groupings and service delivery options used are moderately appropriate to the activities. • Few of the materials and resources require student thinking or ask students to explain their thinking. • The pacing of the lesson is uneven—suitable in parts but rushed or dragging in others. 	<ul style="list-style-type: none"> • Most students are engaged in the therapy activities most of the time to the best of their abilities. • Most therapy activities result in multiple correct responses or approaches and/or encourage higher-order thinking. • Students are invited to make connections to educational and real-world outcomes during therapy activities. • Social Worker uses groupings that are suitable to the therapy activities. • Therapy materials are appropriately challenging, and prompting levels promote students' engagement. • The pacing of the therapy activities provide students the time needed to be actively engaged in the therapy process. 	<ul style="list-style-type: none"> • Virtually all students are actively engaged in the therapy activities. • Therapy activities require high-level student engagement and explanation of their responses. • Students take initiative to improve responses to therapy activities by (1) modifying a therapy activity to make it more meaningful or relevant to their needs, (2) suggesting modifications to the grouping patterns used, and/or (3) suggesting modifications or additions to the materials being used. • Students have an opportunity for reflection and closure on the therapy activity to consolidate their understanding and carryover skills learned.

Domain 4: Professional Responsibilities

Component	Unsatisfactory	Needs Improvement (Basic)	Proficient	Excellent (Distinguished)
4a: Reflecting on Practice	Therapist does not know whether a lesson was effective or achieved its goals, or therapist profoundly misjudges the success. Therapist has no suggestions for how a program could be improved.	Therapist has a generally accurate impression of therapy's effectiveness and the extent to which goals were met. Therapist makes general suggestions about how a program could be improved.	Therapist makes an accurate assessment of therapy's effectiveness and the extent to which it achieved its goals and can cite general references to support the judgment. Therapist makes a few specific suggestions about how a program could be improved.	Therapist makes a thoughtful and accurate assessment of therapy's effectiveness and the extent to which it achieved its goals, citing many specific examples and weighing the relative strengths of each. Drawing on an extensive repertoire of skills, therapist offers specific alternative actions, complete with the probable success of different courses of action.
Critical Attributes	<ul style="list-style-type: none"> Therapist gives no indication of what appropriate responses look like. Therapist makes no effort to determine whether students understand the content of the therapy activity. Students receive no feedback, or feedback is global or directed to only one student. Therapist does not ask students to evaluate their own or group members' work. 	<ul style="list-style-type: none"> There is little evidence that the students understand how their therapy responses will be successful. Therapist monitors understanding through a single method, or without eliciting evidence of success from students. Feedback to students is vague and not oriented toward future improvement of responses. Therapist makes only minor attempts to engage students in self- or peer assessment. 	<ul style="list-style-type: none"> Therapist makes the standards of high-quality responses clear to students. Therapist elicits evidence of student success. Students are invited to assess their own response/accuracy level and make improvements; most of them do so. Feedback includes specific and timely guidance at least for one or more students in the group according to ability. 	<ul style="list-style-type: none"> Students indicate that they clearly understand the characteristics of high-quality work, and there is evidence that students have helped establish success in their response levels. Therapist is constantly "taking the pulse" of the students; monitoring of student understanding is sophisticated and continuous and makes use of strategies to elicit information about individual student performance and needs. Students monitor their own success, either on their own initiative or as a result of tasks set by the Therapist. High-quality feedback is delivered skillfully to contribute to high levels of success; it is specific and focused on improvement.
4b: Maintaining Accurate Records	Therapist's system for maintaining student records, is nonexistent or in disarray.	Therapist's system for maintaining student records is ineffective and requires oversight to maintain compliance with department and legal guidelines.	Therapist's system for maintaining student records is effective and is compliant with department, district and legal guidelines.	Therapist's system for maintaining student records is fully effective and efficient, and is compliant with department, district and legal guidelines.

<i>Component</i>	<i>Unsatisfactory</i>	<i>Needs Improvement (Basic)</i>	<i>Proficient</i>	<i>Excellent (Distinguished)</i>
<i>Critical Attributes</i>	<ul style="list-style-type: none"> • <i>Therapist does not maintain student records of assessment, therapy time sheets, and data on goals.</i> • <i>Therapist is not familiar with department and legal guidelines for record keeping.</i> 	<ul style="list-style-type: none"> • <i>Therapist inconsistently maintains student records of assessment, therapy time sheets, or data on goals.</i> • <i>Therapist is somewhat familiar with department and legal guidelines for record keeping.</i> 	<ul style="list-style-type: none"> • <i>Therapist's system for maintaining student records of assessment, therapy time sheets, and data on goals is effective.</i> • <i>Students are aware of their progress on the data system maintained by the Therapist.</i> • <i>Therapist is familiar with department and legal guidelines for record keeping.</i> 	<ul style="list-style-type: none"> • <i>Therapist's system for maintaining student records of assessment, therapy time sheets, and data on goals is effective and efficient.</i> • <i>Students contribute to and maintain data files indicating their own progress.</i> • <i>Therapist can state department and legal guidelines for record keeping.</i>
<i>4c: Communicating with Families</i>	Therapist provides little information about the therapy program to families; therapist's communication about students' progress is minimal. Therapist does not respond, or responds insensitively, to parental concerns.	Therapist makes sporadic attempts at communication with families about the therapy program and about the progress of individual students but does not attempt to engage families in the therapy program. Moreover, the communication that does take place may not be culturally sensitive to those families.	Therapist provides frequent and appropriate information to families about the therapy program and conveys information about individual student progress in a culturally sensitive manner. Therapist makes attempts to engage families in the therapy program.	Therapist communicates frequently with families in a culturally sensitive manner, with students contributing to the communication. Therapist responds to family concerns with professional and cultural sensitivity. Therapist's efforts to engage families in the therapy program are frequent and successful.
<i>Critical Attributes</i>	<ul style="list-style-type: none"> • <i>Therapist minimally communicates with families about student progress.</i> • <i>Therapist ignores or is insensitive to parental concerns.</i> 	<ul style="list-style-type: none"> • <i>Therapist infrequently communicates with families about student progress.</i> • <i>Therapist inconsistently or insensitively involves parents in the therapy program.</i> 	<ul style="list-style-type: none"> • <i>Therapist communicates with families frequently and appropriately about student progress.</i> • <i>Therapist attempts to engage families in the therapy program in a culturally sensitive way,</i> 	<ul style="list-style-type: none"> • <i>Therapist frequently and effectively communicates with families about student progress, involving the student in the communication process, as appropriate.</i> • <i>Therapist successfully and sensitively engages families in the therapy process, utilizing home programming when applicable.</i>

Component	Unsatisfactory	Needs Improvement (Basic)	(Distinguished)	
4d: Growing Individually and Collectively as a Professional	Therapist engages in no professional development activities to enhance knowledge or skill. Therapist resists feedback on performance from either supervisors or more experienced colleagues. Therapist makes no effort to share knowledge with others or to assume professional responsibilities. Therapist's relationships with colleagues are negative or self-serving. Therapist avoids participation in a professional culture of inquiry, resisting opportunities to become involved. Therapist avoids becoming involved in district events or projects.	Therapist participates to a limited extent in professional activities when they are convenient. Therapist engages in a limited way with colleagues and/or supervisors in professional conversation about practice, including some feedback on performance. Therapist finds limited ways to assist other therapists and contribute to the profession. Therapist maintains cordial relationships with colleagues to fulfill duties that the district requires. Therapist participates in the school's culture of professional inquiry when invited to do so. Therapist participates in district events or projects when specifically asked.	Therapist seeks out opportunities for professional development to enhance content knowledge and skill. Therapist actively engages with colleagues and/or supervisors in professional conversation about practice, including feedback about practice. Therapist participates actively in assisting other colleagues and looks for ways to contribute to the profession. Therapist's relationships with colleagues are characterized by mutual support and cooperation; therapist actively participates in a culture of professional inquiry. Therapist volunteers to participate in district events or projects, making a substantial contribution.	Therapist seeks out opportunities for professional development and makes a systematic effort to conduct action research. Therapist solicits feedback on practice from supervisors and/or colleagues. Therapist initiates important activities to contribute to the profession. Therapist's relationships with colleagues are characterized by mutual support and cooperation, with therapist taking initiative in assuming leadership among the staff. Therapist takes a leadership role in promoting a culture of professional inquiry. Therapist volunteers to participate in district events or projects, making a substantial contribution and assuming a leadership role in at least one aspect of district life.
Critical Attributes	<ul style="list-style-type: none">• Therapist does not attend professional development to maintain his/her certification or license.• Therapist does not take feedback from supervisors and/or colleagues.• Therapist does not share knowledge or assume responsibilities, avoiding professional culture or becoming involved.• Therapist's relationships are negative or self-serving.• Therapist avoids participation in district events and projects.	<ul style="list-style-type: none">• Therapist does not seek professional development beyond maintenance of his/her certification or license.• Therapist incorporates feedback from supervisors and/or colleagues in a limited way.• Therapist inconsistently shares knowledge or assumes responsibilities, and is somewhat involved in professional culture.• Therapist's relationships with colleagues is cordial, to fulfill district duties.• Therapist participates in district events and projects when asked.	<ul style="list-style-type: none">• Therapist seeks professional development beyond maintenance of his/her certification or license.• Therapist accepts feedback from supervisors and/or colleagues to improve knowledge and practice.• Therapist actively shares knowledge or assumes responsibilities, and is involved in professional culture.• Therapist's relationships with colleagues are mutually respectful and cooperative.• Therapist volunteers to participate in district events and projects.	<ul style="list-style-type: none">• Therapist seeks professional development beyond maintenance of his/her certification or license.• Therapist teaches/leads professional development classes, at the district level or beyond.• Therapist seeks feedback from supervisors and/or colleagues to improve knowledge and practice.• Therapist takes leadership roles in acquiring knowledge, assuming responsibilities to promote professional culture.• Therapist's relationships with colleagues are mutually supported and cooperative. Social worker is sought out to share expertise.• Therapist assumes leadership in at least one district event or project.

Component	Unsatisfactory	Needs Improvement (Basic)	(Distinguished)	
4e: Showing Professionalism	Therapist displays dishonesty in interactions with colleagues, students, and the public. Therapist is not alert to students' needs and contributes to school practices that result in some students' being ill served by the school. Therapist makes decisions and recommendations that are based on self-serving interests. Therapist does not comply with school and district regulations.	Therapist is honest in interactions with colleagues, students, and the public. Therapist's attempts to serve students are inconsistent and does not knowingly contribute to some students being ill served by the school. Therapist's decisions and recommendations are based on limited though genuinely professional considerations. Therapist must be reminded by supervisors about complying with school and district regulations.	Therapist displays high standards of honesty, integrity, and confidentiality in interactions with colleagues, students, and the public. Therapist is active in serving students, working to ensure that all students receive a fair opportunity to succeed. Therapist maintains an open mind in team or departmental decision making. Therapist complies fully with school and district regulations.	Therapist can be counted on to hold the highest standards of honesty, integrity, and confidentiality and takes a leadership role with colleagues. Therapist is highly proactive in serving students, seeking out resources when needed. Therapist makes a concerted effort to challenge negative attitudes or practices to ensure that all students, particularly those traditionally underserved, are honored in the school. Therapist takes a leadership role in team or departmental decision making and helps ensure that such decisions are based on the highest professional standards. Therapist complies fully with school and district regulations, taking a leadership role with colleagues.