*To ensure accessibility in accordance with the Americans with Disabilities Act (ADA),   
please use the down arrow key to navigate this tool.*

Educator Name: Click to enter text. Proposed Observation Date: Click to enter a date.

Evaluator Name: Click to enter text. Observation Time/Duration: Click to enter text.

School Name: Click to enter text. Date of Pre/Post Conference: Click to enter text.

This tool is for the educator and evaluator to discuss an upcoming scheduled observation or to discuss recent scheduled and/or unscheduled observations. It is intended to guide thinking and conversation. **The questions on this form serve as a guide to start conversation and are not required**. Every question may not be answered or be relevant to every observation.

**Professional Practice Standards**

| **Questions to Guide Discussions:** | **Notes/Evidence Reviewed:** |
| --- | --- |
| * How will/did you demonstrate knowledge and skills in speech-language pathology and implement services in an ethical manner? * How will/did you provide culturally and educationally appropriate services and/or specifically designed instruction? * How will/did you collaborate with others to determine eligibility and recommend services that are aligned with state and federal regulations for students with IEPs? * How will/did you demonstrate the ability to conduct evaluations for students with communication disorders? * How will/did you use appropriate service delivery methods consistent with the wide variety of individual student needs and skills? | Click here to enter text. |

| Progress Toward Professional Practice Goal |
| --- |
| Discuss progress made toward the PPG and log evidence of discussion here:  Click here to enter text. |