



**I. PERFORMANCE RESPONSIBILITIES (Con't)**

**G. PROFESSIONAL DEVELOPMENT**

The therapist maintains certification and qualifications

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**III. SPEECH THERAPIST'S PERFORMANCE AT THIS TIME IS:** (check one)  
Satisfactory \_\_\_\_\_ Needs Improvement \_\_\_\_\_ Unsatisfactory \_\_\_\_\_

**IV. COMPLETION OF SELF-EVALUATION:** Yes \_\_\_\_\_ No \_\_\_\_\_

**V. EVALUATOR'S NARRATIVE COMMENTS:** (Attach supplemental sheet if necessary.)

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Evaluator's Signature

\_\_\_\_\_  
Date

**VI. SPEECH THERAPIST'S COMMENTS:** (Attach supplemental sheet if necessary.)

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Evaluatee's Signature

\_\_\_\_\_  
Date

**My signature indicates that I have read the results of the evaluation,  
but does not indicate agreement or disagreement with the results.**