

**Independent School District
Walk-Through Form (SLP Version)**

Name: _____ Speech Pathologist/ Speech Pathology Assistant
Date: _____ Time: _____ Appraiser: _____

<p>Domain I: Active, Successful Student Participation In Learner-Centered Instruction</p> <ul style="list-style-type: none"> <input type="checkbox"/>Engaged in learning <input type="checkbox"/>Successful in learning <input type="checkbox"/>Critical thinking/ problem solving <input type="checkbox"/>Curriculum-based IEP goals/objective <input type="checkbox"/>Learner-centered <input type="checkbox"/>Prepares for treatment sessions <input type="checkbox"/>Motivational strategies <input type="checkbox"/>Instructional strategies <input type="checkbox"/>Pacing/sequencing <input type="checkbox"/>Uses a continuum of service delivery options <input type="checkbox"/>Appropriate questioning & inquiry <input type="checkbox"/>Use of technology <p>Domain II: Evaluation and Feedback on Student Progress</p> <ul style="list-style-type: none"> <input type="checkbox"/>Documents student responses and progress <input type="checkbox"/>Assessment and instruction aligned <input type="checkbox"/>Appropriate assessment of progress <input type="checkbox"/>Learning reinforced <input type="checkbox"/>Constructive feedback <input type="checkbox"/>Relearning and re-evaluation <p>Domain III: Management of Student Discipline, Instructional Strategies, Time and Materials</p> <ul style="list-style-type: none"> <input type="checkbox"/>Discipline procedures <input type="checkbox"/>Self-discipline/self-directed learning <input type="checkbox"/>Equitable teacher-student interaction <input type="checkbox"/>Expectations for behavior <input type="checkbox"/>Redirects disruptive behavior <input type="checkbox"/>Reinforces desired behavior <input type="checkbox"/>Devises/ maintains efficient/ effective schedule for meeting roles and responsibilities of SLP/SLPA <input type="checkbox"/>Manages time and materials <p>Domain IV: Professional Communication</p> <ul style="list-style-type: none"> <input type="checkbox"/>Written with students <input type="checkbox"/>Verbal/nonverbal with students <input type="checkbox"/>Reluctant students <input type="checkbox"/>Written w/ parents, staff, community members, professionals <input type="checkbox"/>Verbal/ nonverbal w/ parents, staff, community members, professionals <input type="checkbox"/>Supportive, courteous 	<p>Domain V: Professional Development</p> <ul style="list-style-type: none"> <input type="checkbox"/>Campus/district goals <input type="checkbox"/>Student needs <input type="checkbox"/>Pursues ongoing staff development <input type="checkbox"/>Improvement of student performance <p>Domain VI: Assessment and Intervention of Students</p> <ul style="list-style-type: none"> <input type="checkbox"/>Participates in intervention process & provides intervention <input type="checkbox"/>Administers tests <input type="checkbox"/>Uses appropriate testing techniques <input type="checkbox"/>Writes integrated evaluation reports <input type="checkbox"/>Utilizes eligibility determination criteria <input type="checkbox"/>Makes appropriate eligibility recommendations (n/a for SLP assistants) <input type="checkbox"/>Conducts 3-year re-evaluation <input type="checkbox"/>Meets federal time-lines for evaluation and re-evaluation <input type="checkbox"/>Appropriate materials <input type="checkbox"/>Provides feedback <input type="checkbox"/>Monitors attendance and maintains attendance records <input type="checkbox"/>Modifies and adapts <p>Continuum of Services Observed</p> <ul style="list-style-type: none"> <input type="checkbox"/>RtI Intervention <input type="checkbox"/>Pullout <input type="checkbox"/>Classroom-Based (Collaboration) <input type="checkbox"/>Consultation <input type="checkbox"/>Self-contained classes <input type="checkbox"/>Monitor <p>Type of Communication Disorder Observed</p> <ul style="list-style-type: none"> <input type="checkbox"/>Phonology/ Articulation <input type="checkbox"/>Fluency <input type="checkbox"/>Voice <input type="checkbox"/>Receptive/Expressive Language <input type="checkbox"/>Hearing <input type="checkbox"/>Augmentative Communication <p>“Walk the Walls”: Identify displayed specific objectives/ teacher strategies used in student work</p> <p>Observed ties to:</p> <ul style="list-style-type: none"> <input type="checkbox"/>Classroom curriculum <input type="checkbox"/>TAKS Objectives <input type="checkbox"/>SLP Eligibility Guidelines <input type="checkbox"/>SLP Procedures <input type="checkbox"/>Other:
<p>Additional Comments:</p> 	

Speech Pathologist/ Assistant Signature _____ Date _____

Appraiser Signature _____ Date _____