

Record of School-Based Physical Therapist's Evaluation Activities

Name: _____ ID# _____

School: _____ SchoolYear: _____

Position: _____

Evaluator: _____ Title: _____

School-Based Physical Therapist's Background: (Briefly describe the School-Based physical therapist's educational background, years of experience, assignment, and any other factors that may impact the evaluation)

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

| Activity | Date | School-Based Physical Therapist Signature | Evaluator Signature |
|------------------------------------|------|---|---------------------|
| Orientation | | | |
| Pre-Observation Conference | | | |
| Observation | | | |
| Post-Observation Conference | | | |
| Summary Evaluation Conference | | | |
| Professional Growth Plan Completed | | | |