

Record of School-Based Occupational Therapist's Evaluation Activities

Name: _____ ID# _____
 School: _____ SchoolYear: _____
 Position/Assignment: _____
 Evaluator: _____ Title: _____

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

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

Activity	Date	School-based Occupational Therapist Signature	Evaluator Signature
Orientation			
Pre-Observation Conference			
Observation			
Post-Observation Conference			
Summary Evaluation Conference			
Professional Growth Plan Completed			