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EDUCATION LABOUR
RELATIONS COUNCIL

COLLECTIVE AGREEMENT
NUMBER 4 OF 2005

31 MARCH 2005

INTEGRATED QUALITY MANAGEMENT SYSTEM FOR SCHOOL-BASED EDUCATION THERAPISTS AND PSYCHOLOGISTS

EDUCATION LABOUR RELATIONS COUNCIL

COLLECTIVE AGREEMENT NO. 4 OF 2005

INTEGRATED QUALITY MANAGEMENT SYSTEM FOR SCHOOL-BASED EDUCATION THERAPISTS AND PSYCHOLOGISTS

1.   PURPOSE OF THIS AGREEMENT

The purpose of this agreement is to align the different Quality Management programmes and implement an integrated Quality Management System for school-based therapists and psychologists, which includes Developmental Appraisal, Performance Measurement and Whole School Evaluation.

2.   SCOPE OF THIS AGREEMENT

This agreement applies to and binds:

2.1   The employer, and

2.2   All the employees of the employer as defined in the Employment of Educators Act, 1998 (as amended) whether such employees are members of trade union parties to this agreement or not.

3.   THE PARTIES TO COUNCIL NOTE AS FOLLOWS:

3.1   Schedule 1 of the Employment of Educator's Act, 1998 as amended.

3.2   Chapter C of the Personnel Administration Measures.

3.3   Education Labour Relations Council Collective Agreement No. 1 of 2003.

3.4   Education Labour Relations Council Collective Agreement No. 3 of 2003.

3.5   Education Labour Relations Council Collective Agreement No. 8 of 2003.

4.   THE PARTIES TO THE COUNCIL THEREFORE AGREE AS FOLLOWS:

4.1   That the Integrated Quality Management System, as attached in Annexure A, be adopted for school-based education therapists and psychologists.

5.   DATE OF IMPLEMENTATION

This agreement shall, in respect of parties and non-parties, come into effect on the date it is signed in Council.

6.   DISPUTE RESOLUTION

Any dispute about the interpretation or application of this agreement shall be resolved in terms of the dispute resolution procedure of the Council.

7.   DEFINITIONS

6.1   "**constitution"** means the constitution of the Education Labour Relations Council.

6.2   **"Council"** means the Education Labour Relations Council.

6.3   **"employee"** means an education therapist or psychologist as defined in the Employment of Educators Act, 1994 as amended.

6.4   **"employer"** means the employer as defined in the Employment of Educators Act, 1994, as amended.

6.5   **"Labour Relations Act"** means the Labour Relations Act No. 66 of 1996, as amended.

6.6   **"workplace"** means the registered scope of the Council

THUS DONE AND SIGNED AT CAPE TOWN ON THIS 31ST DAY OF MARCH 2005 BY:

ON BEHALF OF THE STATE AS THE EMPLOYER:

DEPARTMENT	NAME	SIGNATURE
EDUCATION		

ON BEHALF OF THE EMPLOYEE PARTIES:

TRADE UNION	NAME	SIGNATURE
NAPTOSA		
SAOU		
SADTU		
NATU		

COLLECTIVE AGREEMENT NO. 4 OF 2005

INTEGRATED QUALITY MANAGEMENT SYSTEM FOR SCHOOL-BASED EDUCATION THERAPISTS AND PSYCHOLOGISTS

This document consists of four parts:

Section A: This contains information on the Integrated Quality Management System.

Section B: This consists of the Implementation Plan in the form of a flow diagram with a supporting narrative.

Section C: This consists of the instrument to be used for Performance Measurement, Development Appraisal and Whole School Evaluation.

Section D: Forms (Annexure A, B, C: PM for salary or grade progression)

SECTION A
INFORMATION ON IQMS

PROCEDURE MANUAL

SECTION A

NOTE: Any reference to therapist(s) includes school-based Education Therapist(s), Senior Education Therapist(s), Education Specialist(s): Therapy and Psychology and Senior Education Therapist(s): Therapy and Psychology.

INTEGRATED QUALITY MANAGEMENT SYSTEM

1.   PREAMBLE

For the Department of Education – and for all educators and therapists - the main objective is to ensure quality public education for all and to constantly improve the quality of education and therapy, and for this we are all accountable to the wider community. The Department has the responsibility of providing facilities and resources to support education and therapy. Successful educational outcomes also depend upon empowering, motivating and training therapists. Quality management seeks to monitor and support these processes.

Evaluation of programmes and practices is essential to any ongoing effort to improve any profession. Evaluation is not **apart from** but is **a part** of the educational process. However, sound evaluation practices must be based on a set of beliefs and principles that are congruent with the outcome desired.

There are three programmes, which need to be in place in order to enhance and monitor performance of the education system. These are:

- Developmental Appraisal;
- Performance Measurement; and
- Whole School Evaluation.

Each of these programmes has a distinct focus and purpose, and there should be no contradiction between any of them.

The purpose of **Developmental Appraisal** (DA) is to appraise individual therapists in a transparent manner with a view to determining areas of strength and weakness, and to draw up programmes for individual development. The purpose of **Performance Measurement** (PM) is to evaluate individual therapists for salary progression, grade progression, affirmation of appointments and rewards and incentives. The purpose of **Whole School Evaluation** (WSE) is to evaluate the overall effectiveness of a school – including the support provided by the district, school management, infrastructure and learning resources – as well as the quality of therapy.

All quality management initiatives, should be planned for together in schools, and aligned in a coherent way to avoid duplication, repetition and an unnecessary increase in workload. The philosophy underpinning the Integrated Quality Management System (IQMS) is based upon the fundamental belief that the purposes of QMS are fivefold:

- To determine competence;
- To assess strengths and areas for development;
- To provide support and opportunities for development to assure continued growth.
- To promote accountability; and
- To monitor an institution's overall effectiveness.

These tenets and the norms and standards for educators and therapists have informed the development of a single instrument for evaluating the performance of school-based therapists.

2.   PURPOSE OF ALIGNMENT

The main purposes of the alignment process are as follows:

- To enable the different QMS programmes to inform and strengthen one another.
- To define the relationship among the different programmes of an Integrated Quality Management System.
- To avoid unnecessary duplication in order to optimise the use of human resources.
- To assure that there is ongoing support and improvement.
- To advocate accountability.

Features of the Integrated Quality Management System

The following are features of this model for the implementation of an Integrated Quality Management System, which includes Developmental Appraisal, Performance Measurement and Whole School Evaluation programmes:

- Developmental Appraisal and Performance Measurement inform and strengthen one another without duplication of structures and procedures.
- Performance Measurement and Development Appraisal must be linked to an annual cycle, which must be completed within a calendar year (a period when the staff at a school is likely to be most stable).
- Developmental Appraisal and Performance Measurement inform and strengthen internal Whole School Evaluation.
- The separate purposes of DA, PM and WSE remain intact.
- The structures needed in the school are:
  - The Senior Management Team (SMT), which consists of the principal, deputy principal and education specialists (heads of department). Their function is to ensure that the school is operating efficiently and effectively.
  - The Staff Development Team (SDT), which plans, oversees, coordinates and monitors all Quality Management processes.
  - The Development Support Group (DSG), which, for each therapist, consists of his/her immediate senior and one other therapist. Their function is primarily mentoring and support. A therapist may request additional DSG members to be appointed.
- Self-evaluation {(by therapists for DA) and (by the school for WSE purposes)} enables sustainability in the long term.
- Lines of accountability between therapists and their DSGs, between the therapists (and their DSGs) and the SDT, between the SDT and SMT, and between the SMT and regional/district/area office are clear. Accountability is less achievable if the QM programmes are implemented separately.
- Two developmental cycles are built into the annual programme: in the second and third terms. The first term is therefore mainly used for planning and the first evaluation of therapists (baseline evaluation) and the fourth term is reserved for summative evaluations and the internal WSE..
- Whilst it is acknowledged that there could be significant pressure towards the end of the year when all therapists in the school will need to be evaluated (summatively) for pay progression (PM), there is no way of avoiding the necessity for a summative evaluation at this stage - after development has taken place.   Performance

Measurement must be based on the work (and progress) that a therapist has done during a calendar year. After verification and moderation data must be submitted to Persal by the end of the school year in order to effect pay progression in the following year.

- The external WSE can take place at any time in the year, as the WSE team will be evaluating different schools almost every week. The WSE team leader must inform the regional/district/area office of the intended external evaluation and regional/district/area officials must inform schools at least four working weeks in advance of the dates for the external WSE. The external WSE team will, in most instances, be able to complete their work within a working week.
- For WSE, there are additional focus areas (in the WSE instrument). These include: Basic Functionality; Governance and Relationships; School Safety; Security and Discipline; School Infrastructure; Parents and Community.

3.   GUIDING PRINCIPLES

The alignment of the Quality Management System programmes is informed by the following principles:

- The recognition of the crucial role of the delivery of quality public education.
- That all learners have equal access to quality education.
- The need for an Integrated Quality Management System, which is understood, credible, valued and used professionally.
- That the system's focus is positive and constructive even where performance needs to improve.
- That the system includes a process of self-evaluation and discussion of individual expectations.
- The need to minimise subjectivity through transparency and open discussion, and quality controls to ensure validity, reliability and relevance, for example, there can be no sanctions against individual therapists before meaningful development takes place.
- The need to ensure fairness by affirming the rights of therapists.
- That the system promotes individual professional growth of therapists, and ongoing support for therapists and the school.
- That the system provides a clear protocol governing the interaction of the parties.
- The need for the IQMS to provide for and encourage diversity in therapy styles.
- The system meets professional standards for sound quality management, including propriety (ethical and legal), utility (useable and effective), feasibility (practical, efficient and cost effective), and accuracy.
- Development takes place within a national human resource development strategy and skills development.
- The need for all schools to look for ways to continually improve.

4.   ADVOCACY AND TRAINING

Advocacy and training are different. Both are necessary. Advocacy focuses on achieving a large scale buy-in to the process and answers the questions: **What?** and **Why?** Training focuses on capacitating all involved to ensure successful implementation and answers the question: **How?**

4.1   ADVOCACY

Advocacy should relate to **what** the Integrated Quality Management System (IQMS) is and **what** the benefits will be for therapists, schools and the system as a whole. It should explain **why** this particular approach was adopted.

4.2 TRAINING

Training must specifically address issues relating to **how** the IQMS should be implemented in all schools. All officials and therapists must have a thorough understanding of the principles, processes and procedures. Training must enable officials and therapists to plan and administer this IQMS in a uniform and consistent manner.

4.3 RESPONSIBILITIES

- **The National Training Team (NTT)** must clarify all the relevant issues and questions in the process of training. They must develop the necessary guidelines for training and must train the Provincial Training Teams (PTTs). The NTT will consist of officials from the National Department of Education, Provincial Departments of Education and officials from the three national unions, as represented in the Education Labour Relations Council (ELRC).

- **Provincial Training Teams (PTTs)** should consist of provincial officials **including** officials from regional/district/area departmental offices. It should include those officials who will work directly with schools in their regions/districts/areas as well as education support services personnel. Provincial unions (as represented in the PELRC) should also be included in the PTTs. Depending on numbers, advocacy and training could be done in the provinces.

- **Training in schools** (clusters of schools) should be led by regional/district/area officials and supported by the provincial departments and the unions. Since advocacy and training must **precede** implementation in schools, the Staff Development Teams (SDTs) will not yet have been identified. If regional/district/area officials are unable to train **all** the therapists in schools within their areas, then the School Management Teams (SMTs) and nominated senior teachers from each school must be trained so that **they** will be able to do advocacy and train **all** the therapists in the school.

5. PLANNING AND TIMING

Schools will have to factor in to their planning the cycles of evaluation and development in terms of this procedure manual.

It is imperative that regional/district/area departmental offices plan well in advance in order to ensure that the necessary support is provided and to enable this system to be implemented.

6. PROTOCOL

The Protocol is a set of step-by-step processes and procedures, which are to be followed in any instance where a therapist is observed in practice.

This protocol should be read and applied within the context of an integrated QMS.

Process A: Internal appraisals and evaluations

Step 1

The regional/district/area manager and the principal of a school should facilitate the establishment of QM structures i.e. SDT and DSG in the school and its implementation.

Step 2
Self-evaluation by therapists should take place before s/he is observed in practice.

Step 3
Observation of therapists in practice is for purposes of DA, PM and external WSE. The Principal, the School Management Team and the Staff Development Team, in consultation with staff members, develop an implementation plan for all QM programmes including DA, PM and WSE (external) observation of therapists in practice as required by these two processes. This implementation plan must indicate clearly who should be evaluated, by whom and when. This information must be reflected in the school composite timetable well in advance of implementation.

Step 4
The DSG observe the therapy session using the prescribed instrument and discuss the outcomes of the observation with the therapist observed / appraisee. The appraisee may request copies of the therapy session observation records.

Step 5
The DSG will make the information on observation available to the SDT for planning the SIP.

Process B: External evaluations for WSE

Step 1
The WSE team draws an external evaluation plan and informs the regional/district/area office. The WSE team leader consults with the Principal, SMT and SDT of the school. Schools to be informed timeously (at least 4 weeks in advance – excluding recess) of the dates of a forthcoming visit for the purpose of conducting the external WSE.

Step 2
If the IQMS structures are not in place, the WSE team leader to request the regional/district/area manager to provide advocacy and training around QMS. The regional/district/area office to make the necessary arrangements with the school principal to do so. The WSE team leader to inform the principal of documentation required before the visit, including assessment reports, learner profiles, learning programmes, timetables, school policies, DA and PM documentation. The school management should also inform parents, educators, therapists and learners of the forthcoming evaluation, and its purpose.

Step 3
Pre-evaluation visit by team leader to the school, to meet with SMT and SDT and:
- Collect documentation.
- Finalise arrangements for on-site visit.
- Confirm the appointment of a school-based WSE coordinator (should be a member of SDT - does not need to be the principal) in accordance with WSE Policy.
- Discuss the process to be followed, and impress the need to maintain the normal routine of the school.

Step 4
On the basis of documentation received, and their own priorities, the team leader and supervisors to identify a representative cross-section of therapists for observation in practice, and communicate this to the school as soon as possible, preferably two days prior to the external evaluation. The WSE team should include supervisors with appropriate

knowledge of the specific field of therapy to be evaluated as each field of therapy (speech therapy, occupational therapy and physiotherapy) requires different expertise. In terms of relevant legislation, psychologists may only be observed by registered psychologists, taking all legal implications regarding confidentially into account.

Step 5
Observation of the therapist in practice

- School Management Team to introduce the WSE Team to the staff, and remind them of the purpose of the visit;
- The supervisors to confirm which therapists are to be observed and finalise a timetable for the week with the SMT and SDT.
- Evaluation of the other seven focus areas goes on simultaneously with the **session** observations;
- Supervisors involved in observations to meet with DSGs and appraisees to consider/complete the pre-evaluation therapist profile checklist and collect other significant information on the individual therapist, including the professional growth plans;
- A member of the DSG with appropriate knowledge of the specific field of therapy to accompany the supervisor in relevant session observations;
- Member of DSG and WSE supervisor to observe the session using the same instrument (each completing a separate form); compare findings and discuss these with the appraisee. The appraisee may request copies of evaluation forms.
- Confidentiality regarding the identity of the appraisee is assured in any documentation leaving the school as part of the WSE (the name of the appraisee is recorded in the form for DA and PM purposes only)

Step 6
The supervisor prepares a written report which must include:

- WSE evaluation of the quality of therapy
- WSE evaluation of the quality of DA and PM processes

7. A consolidated report on the quality of therapy is to be incorporated into the final WSE report for the school.

8. CONFIDENTIALITY AND CONTROL OF INFORMATION

The control of information is an important issue in evaluation practices and procedures. The degree and nature of the control of information as well as the collection and distribution of information needs to be negotiated between all parties involved. Different schools depending on the purpose for which information is being collected may need different degrees of control and different control mechanisms. Staff Development Teams will need to address this issue in their planning in order to ensure that personnel feel adequately protected.

9. QUALITY OF THE PROCESS: RESPONSIBILITIES

The Staff Development Team (SDT) is responsible for managing the process and for ensuring the consistency and fairness of the process as well as the accuracy of specific, as well as overall, ratings of therapists.

The principal and relevant regional/district/area manager must sign all documents being submitted to the Department. Principals and the relevant regional/district/area managers must verify that the information provided is accurate.

The regional/district/area manager (or his /her delegate) will review a sample of the evaluations to ensure their consistency, fairness and relevance to the school plan and other stipulations.

It is only during the cyclical external evaluations by the Whole School Evaluation Team that it will be possible to validate evaluations of the sample of therapists identified for the purpose of observing therapists in practice for the external WSE. In instances where there are discrepancies or where the process has not been satisfactory, the WSE Team must make recommendations, in the WSE report, to address these shortcomings.

10. RESOLUTION OF DIFFERENCES AND/OR GRIEVANCES

- **It is anticipated that most differences of opinion between a therapist and members of his/her Development Support Group (DSG) in respect of performance ratings will be resolved by discussion at that level.**

- **Where agreement cannot be reached, the matter will be referred to the school's Staff Development Team (SDT) within a week.**

- **If there is still no resolution within five working days, and where there are:**

  - **Serious breaches of the guidelines of the process**
  - **Serious grounds for challenging the overall performance rating**

  Either party may request a formal review by the Grievance Committee. Such a request must be in writing and must state reasons why the therapist believes that there are grounds for challenging the process or the results.

  The Grievance Committee shall consist of a peer (Senior Manager), observers from Trade Unions admitted to Council and a neutral person appointed by the regional or district manager (or his/her delegate).

- **The Grievance Committee will make a recommendation to the Head of Department who shall make a decision within 5 working days of receiving the recommendation.**

11. STRUCTURES, RESPONSIBILITIES AND RECORDS

11.1 STRUCTURES

The structures operating within the school that will play significant roles in the implementation of the QMS are:

11.1.1 The Staff Development Team (SDT)

Each institution **must** elect a staff development team consisting of the principal (head of the institution) and democratically elected staff members. These may include all or some of the School Management Team (SMT), but **must** also include post level 1 educators as well as a representative of the school-based support team.

NOTE: For the purpose of this manual a school-based support team consists of Education Therapists, Senior Education Therapists, Education Specialists: Therapy and Psychology and Senior Education Specialists: Therapy and Psychology on the staff establishment of the school.

The institution must decide for itself on the size of the SDT taking into account the size of the school, the number of educators as well as therapists and the work that needs to be done. An institution may decide to re-elect a new SDT annually or to decide on a specific term of office (2 years/3 years) to enable continuity.

The Role and Responsibilities of the SDT

- Ensures that all educators as well as therapists are trained on the procedures and processes of an integrated QMS.

- Coordinates activities pertaining to staff development.

- Prepares and monitors the management plan for the integrated QMS.

- Facilitates and gives guidance on how DSGs have to be established.

- Prepares a final schedule of DSG members.

- Links Developmental Appraisal to the School Improvement Plan (SIP).

- Liaises with the department, through the SMT, in respect of high priority needs such as INSET, short courses, skills programmes or learnerships.

- Monitors effectiveness of the integrated QMS and reports to the relevant persons.

- Ensures that all records and documentation on IQMS are maintained.

- Oversees mentoring and support by the DSGs.

- Together with the SMT, develops the School Improvement Plan (SIP) based on information gathered during Developmental Appraisals.

- Coordinates ongoing support provided during the two developmental cycles each year.

- Completes the necessary documentation for Performance Measurement (for pay or grade progression), signs off on these to assure fairness and accuracy and submits the necessary documentation in good time to the Principal.

- Deals with differences between appraisees and their DSGs in order to resolve the differences.

- Provides all the necessary documentation (e.g. SIPs) to the Principal for submission to the Regional/District/Area Manager in good time.

- Coordinates the internal WSE processes.

- Liaises with the external WSE Team and SMT to coordinate and manage the cyclical external WSE process.

- Ensures that the QMS is applied consistently.

11.1.2 Development Support Group (DSG)

For each therapist this should consist of the therapist's immediate senior and one other therapist (peer) selected by the therapist on the basis of the specific field of therapy.

If there is not an immediate senior (education specialist: therapy/psychology) in the specific field of therapy, the therapist may select two peers. They will then form the DSG.

If there are no peers in the specific field of therapy, arrangements must be made with therapists of a neighboring school/district office to assist with the evaluation of the therapists, provided that the evaluators are experts in the specific field of therapy.

The Role and Responsibilities of the DSG

The main purpose of the DSG is to provide mentoring and support. If the immediate senior is the Education Specialist (Therapy/Psychology) in the school, then mentoring and support fall within the job description. The DSG is responsible for assisting the therapist to develop a Personal Growth Plan (PGP) and to work with the SDT to incorporate plans for development of the therapist into the School Improvement Plan (SIP). The DSG is responsible for the baseline evaluation of the therapist (for development purposes) as well as the summative evaluation at the end of the year for Performance Measurement (pay or grade progression). The DSG must verify that the information provided for PM is accurate.

11.2. RECORDS AND DOCUMENTATION

11.2.1 Personal Growth Plan (PGP)

The PGP should be an outcome (or consequence) of the strategic plans of the relevant department of education and Developmental Appraisal (DA). The therapist in consultation with members of the DSG develops it. It must be used to inform the School Improvement Plan (SIP) – which, in turn, will be submitted to the regional/district/area office to inform their planning and deployment of support staff.

Along with self-evaluation, the baseline evaluation and the performance measurement (at the end of each calendar year) the PGP forms an important record of needs and progress of individual therapists.

11.2.2 School Improvement Plan (SIP)

The School Improvement Plan enables the school to measure its own progress through a process of ongoing self-evaluation. This must happen continuously, especially in the years in between the cyclical external WSE. The SIP is developed by the SMT and SDT (and is submitted to the regional/district/area manager) and enables the SMT and SDT to monitor progress and improvement. The SIP must be based and linked to the strategic plans of the relevant department of education. The PGPs of individual therapists as well as the other seven focus areas included in the WSE policy, also, inform the SIP.

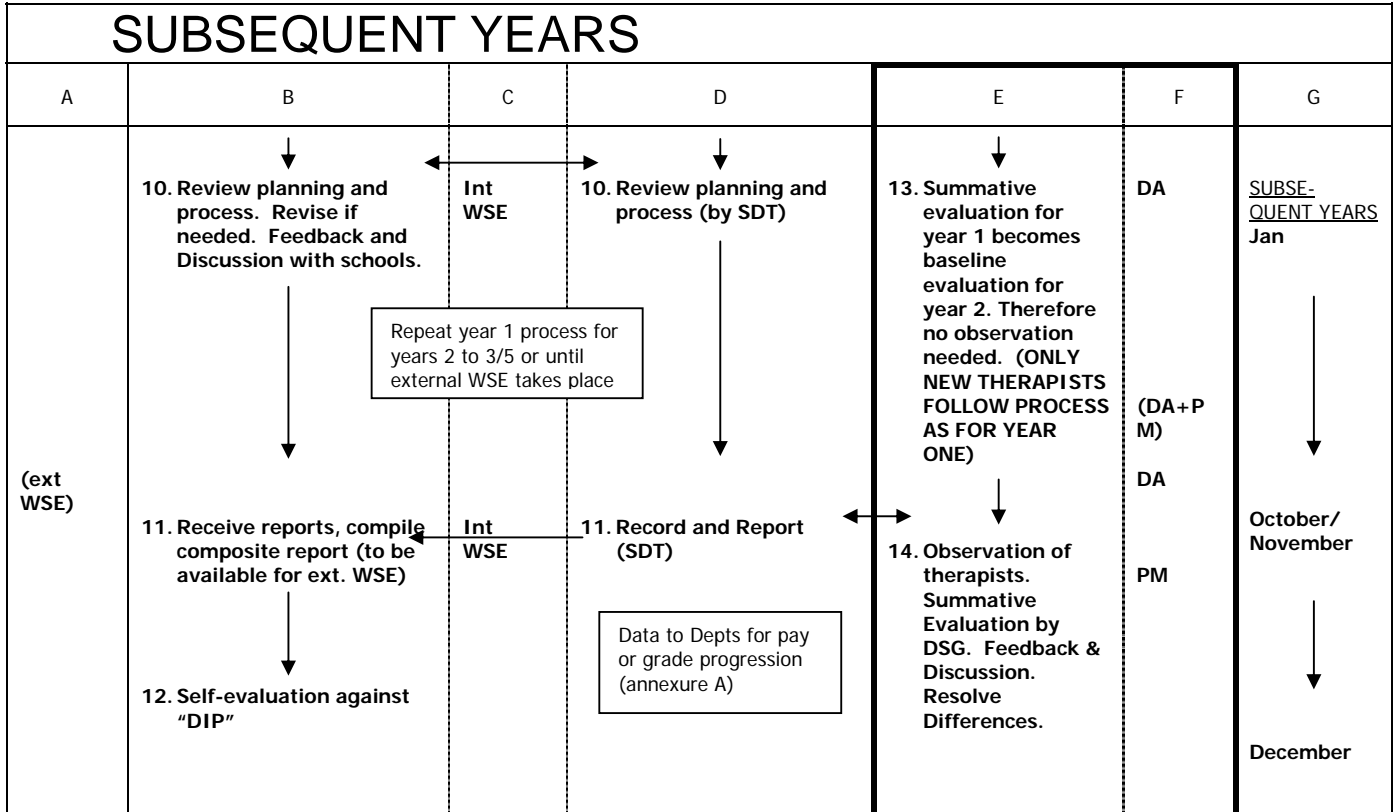### 11.2.3 Regional/District/Area Improvement Plan

The regional/district/area Improvement Plan enables the officials to plan, coordinate and monitor the delivery of support and development opportunities in the schools in their areas. The plan is informed by the strategic plan of the relevant department of education and the SIPs submitted by schools under its jurisdiction.
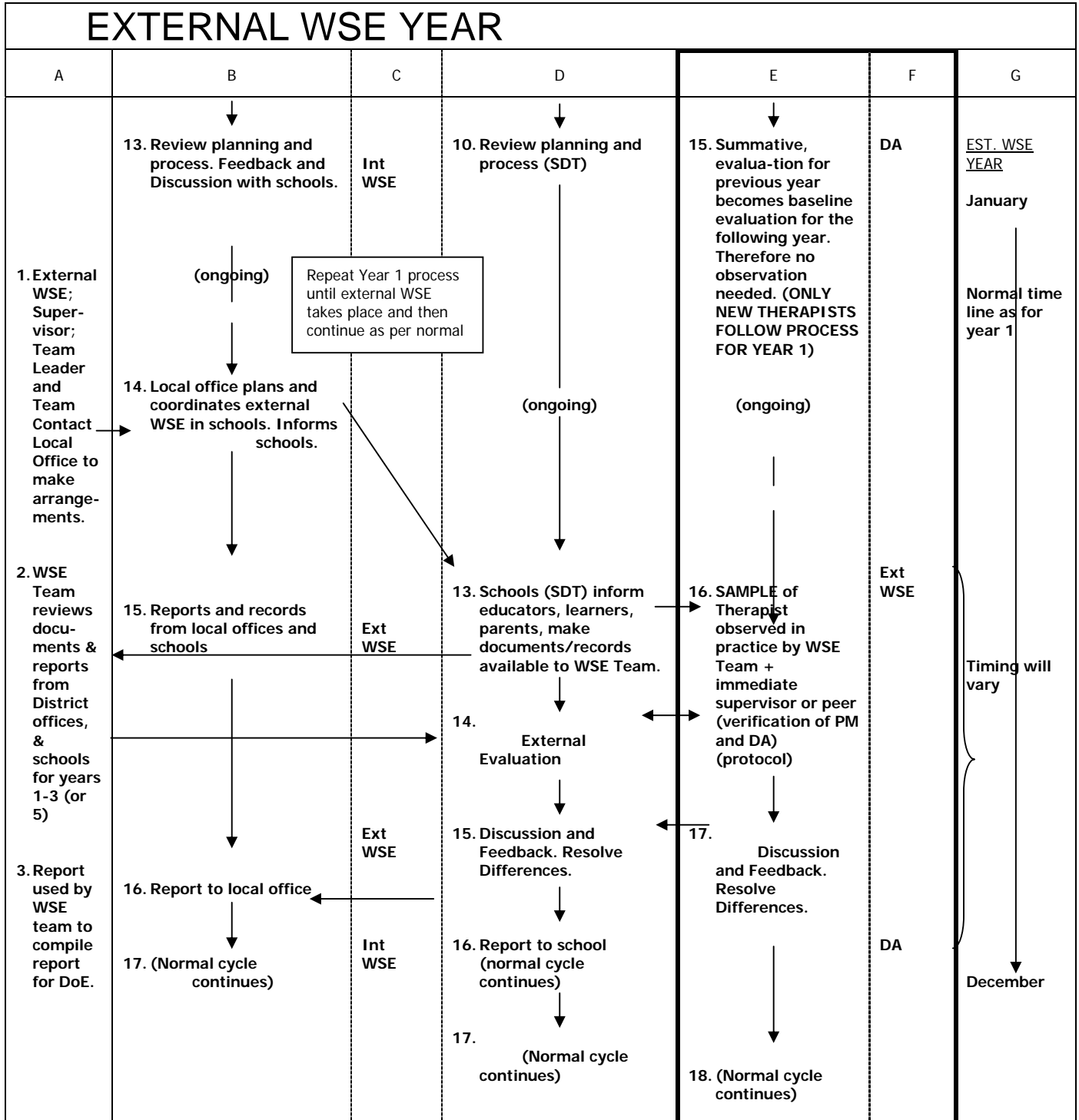
SECTION B
IMPLEMENTATION PLAN

IMPLEMENTATION OF THE INTEGRATED QUALITY MANAGEMENT SYSTEM WHICH NCLUDES DEVELOPMENTAL APPRAISAL, PERFORMANCE MEASUREMENT AND WHOLE SCHOOL EVALUATION

A External (Cydical) WSE	B District/Local Office	C Pro-gramme	D School	E Educator	F Pro-gramme	G Time Line
CAN TAKE PLACE AT ANY PART OF THE YEAR	**1. Advocacy, Training, Discussion & Clarification**	Int WSE	**1. Advocacy, Training, Discussion & Clarification**			FIRST YEAR Jan
		Int WSE	**2. Establish structure (Staff Development Team/SDT**	**2. Self evaluation** **3. Identification of personal support group (DSG)**	DA + PM	
	2. Broad Planning by area managers, circuit managers. Preparation & allocation of responsibilities. Await receipt of "SIP's"	Int WSE	**3. Planning for Implemen-tation in schools**	**4. Pre-evaluation discussion. Observa-tion of Therapist in practice by both members of DSB (baseline evaluation)**	DA + PM	Feb – March
		Int WSE		**5. Feedback & Discus-sion. Resolve Differences**	DA	End March
	3. Information from schools (SIPs) to Local offices. Coordinate planning and deployment of support staff: "District" Improvement Plan (DIP)		**4. Development of School Improvement Plan (SIP)**	**6. Personal Growth Plan (PGP)**	DA	
	4. INSET and other programmes	Int WSE	**5. Development and monitoring**	**7. Development: support/mentoring DSG**	DA	First Develop-ment cycle end June
	5. Monitoring, Evaluation and Self Evaluation against "DIP"		**6. Self evaluation against SIP (revise)**	**8. Self evaluation against PGP (revise)**	DA	
	6. INSET and other programmes		**7. Development and monitoring**	**9. Development: support/mentoring DSG**	DA	Second Development cycle end Sept.
	7. Monitoring, Evaluation and Self Evaluation against "DIP"	Int WSE	**8. Self evaluation against SIP (revise)**	**10. Self evaluation against PGP (revise)**	DA PM	
	8. Receive reports, Compile composite Report (to be fed into ext WSE)	Int WSE	**9. Record & Report (SDT)**	**11. Pre-evaluation discussion: Obser-vation of therapists (Summative Evalua-tion by DSG)**	PM PM	October November
(ext WSE)	**9. Self evaluation against "DIP"**		Data to Departments for Pay (or grade) Progression (Annexure A)	**12. Feedback, Discus-sion Resolve Differences**	PM	December

SUBSEQUENT YEARS

A	B	C	D	E	F	G
(ext WSE)	**10. Review planning and process. Revise if needed. Feedback and Discussion with schools.** Repeat year 1 process for years 2 to 3/5 or until external WSE takes place **11. Receive reports, compile composite report (to be available for ext. WSE)** **12. Self-evaluation against "DIP"**	**Int WSE** **Int WSE**	**10. Review planning and process (by SDT)** **11. Record and Report (SDT)** Data to Depts for pay or grade progression (annexure A)	**13. Summative evaluation for year 1 becomes baseline evaluation for year 2. Therefore no observation needed. (ONLY NEW THERAPISTS FOLLOW PROCESS AS FOR YEAR ONE)** **14. Observation of therapists. Summative Evaluation by DSG. Feedback & Discussion. Resolve Differences.**	**DA** **(DA+PM)** **DA** **PM**	SUBSE-QUENT YEARS **Jan** **October/ November** **December**

EXTERNAL WSE YEAR

A	B	C	D	E	F	G
	13. Review planning and process. Feedback and Discussion with schools.	Int WSE	10. Review planning and process (SDT)	15. Summative, evalua-tion for previous year becomes baseline evaluation for the following year. Therefore no observation needed. (ONLY NEW THERAPISTS FOLLOW PROCESS FOR YEAR 1)	DA	EST. WSE YEAR January
1. External WSE; Super-visor; Team Leader and Team Contact Local Office to make arrange-ments.	(ongoing) Repeat Year 1 process until external WSE takes place and then continue as per normal					Normal time line as for year 1
	14. Local office plans and coordinates external WSE in schools. Informs schools.		(ongoing)	(ongoing)		
2. WSE Team reviews docu-ments & reports from District offices, & schools for years 1-3 (or 5)	15. Reports and records from local offices and schools	Ext WSE	13. Schools (SDT) inform educators, learners, parents, make documents/records available to WSE Team. 14. External Evaluation	16. SAMPLE of Therapist observed in practice by WSE Team + immediate supervisor or peer (verification of PM and DA) (protocol)	Ext WSE	Timing will vary
3. Report used by WSE team to compile report for DoE.	16. Report to local office 17. (Normal cycle continues)	Ext WSE Int WSE	15. Discussion and Feedback. Resolve Differences. 16. Report to school (normal cycle continues) 17. (Normal cycle continues)	17. Discussion and Feedback. Resolve Differences. 18. (Normal cycle continues)	DA	December

12.4   IMPLEMENTATION OF THE INTEGRATED QUALITY MANAGEMENT SYSTEM FOR SCHOOL-BASED THERAPISTS WHICH INCLUDES DEVELOPMENTAL APPRAISAL, PERFORMANCE MEASUREMENT AND WHOLE SCHOOL EVALUATION

12.4.1 PREAMBLE

The induction of an integrated quality management system, which replaces three separate systems: Developmental Appraisal System (DAS), Performance Management and Development System (PMDS) and Whole School Evaluation (WSE) will have implications for therapists, schools and regional/district/area offices.

Clearly, the three systems DAS, PMDS and WSE should inform and strengthen one another but this only becomes possible if they are reconceptualised within an integrated quality management system and within which the original purpose of each is preserved but where the **process of implementation** is streamlined and their interrelationships are made explicit.

The flow diagram illustrates how a single integrated system will operate in schools and regional/district/area offices.

12.4.2 Interpreting the flow-diagram

The flow diagram comprises seven columns. Three of these**: Therapist, School, Regional/District/Area Office** explain the logical sequence of events that affect each of these parties. There are two columns headed: "**Programme**". These indicate which of the three programmes are in operation at what stage. The time-line provides an indication of the time allocated to each stage and proposed deadlines for completion.   The extreme left hand column shows where these processes will link up to the cyclical external whole school evaluations.

For example:

- **A therapist** will read **down the "therapist" column** (E) to see what needs to be done, which programmes (F) (Developmental Appraisal (DA) and Performance Measurement (PM)) apply at various stages along the time line (G) and how what the therapist is doing links up to/informs the development planning of the school (D).

- **The school** will read down the **"School" column** (D) to see what needs to be done, which programme will apply at different stages (C), to see how the school's planning needs to inform planning at District/Local office level (B) as well as how the school's planning is linked to the development programme of therapists (E). The time line in column (G) also applies.

- **The Regional/District/Area office** will read down **column** (B) and be able to see where their planning links to that of schools (D). Columns C and F indicate which programmes are applicable in terms of the time line (G).

For this implementation plan, the focus is on therapists, schools and regional/district/area offices and the sequence of events that affects them.

12.4.3 FIRST YEAR OF IMPLEMENTATION

D. 1   Schools/Therapists: Advocacy and Training

Therapists, therapists, principals and management of schools will receive training immediately after advocacy.

Advocacy must address the issues relating to the **purposes** of the three programmes, the **objectives** and **outcomes** for Developmental Appraisal, Performance Measurement and Whole School Evaluation. The focus should be on quality education for all, transformation and the advantages for therapists, therapists, schools and the system as a whole. It should also address the relationships between these three programmes and how they should inform and strengthen one another in an integrated system.

Training should focus on **implementation** in the school, i.e. on self-evaluation, **planning** for the whole year and the **roles and responsibilities** of the **structure(s)** that will be involved in **planning, coordinating, monitoring, reporting** and keeping the appropriate **records**. Training needs to ensure that everyone (appraisees and appraisors) is familiar with and understand the single **instrument** that will be used.

D.2   Schools: Establish the Staff Development Team

Immediately after the advocacy and training, the principal must establish the Staff Development Team (SDT). This could include the principal, senior management, therapists and therapists. The school should decide for itself on the size of the SDT and how many therapists should be included.

The Staff Development Team

The SDT, together with the SMT, will be responsible for **liaising** with **therapists** as well as **regional/district/area offices** to **coordinate** the provision of developmental programmes for therapists (for Developmental Appraisal). The SDT must **monitor** the process of **Developmental Appraisal** (self-appraisal by the therapist, mentoring and support by the therapist's personal Development Support Group (DSG), must **coordinate** the **observation of therapists in practice** and the appraisals for **Performance Measurement** and must **keep** the **records** of these processes. The SDT and SMT **must** also develop the school's own "School Improvement Plan" (SIP), incorporating strategic objectives of the Strategic Plan of the department and the Personal Growth Plans (PGPs) of individual therapists (D4). The SIP must set targets and timeframes for **school improvement** using the Whole School Evaluation instruments and must **monitor** and **measure progress** against these targets. The SIP should be revised periodically, setting new goals/priorities, which reflect the progress already made. Records of WSE processes should also be kept by the SDT.

The SIP must be submitted to the regional/district/area office. SIPs from different schools must inform their planning so as to enable the regional/district/area office to **coordinate** provision of in-service training (INSET) and other programmes that are aligned to the needs that have been identified by schools.

D.3   Schools: Planning for Implementation (Broad Planning)

The intention is that this initial, **broad** planning by the SDT must incorporate all the processes and will have to be designed to take the schools' year plan into account. **For example,** to avoid the possible "bottle-neck" (and excessive pressure) at the end of the year when all therapists will need to be observed in practice and evaluated for pay-progression purposes, secondary schools will have to ensure that therapists who have therapy sessions with learners in Grade 9 or 12 classes (where there are external assessments of learners) are evaluated **before** the external assessments/examinations commence. By the end of February, the therapists in a school **could** be provided with a timetable indicating more-or-less when they can expect to be evaluated.

E.2   Therapist: Self-Evaluation

Immediately after the initial advocacy and training, each therapist should **evaluate her/himself** using the **same instrument** that will be used for both Developmental Appraisal (DA) and Performance Measurement (PM). This enables the therapist to become familiar with the instrument. Therapists also familiarise themselves with the Performance Standards, the criteria (**what** they are expected to do) as well as the levels of performance (**how** well they are expected to perform) in order to meet at least the minimum requirements for pay progression. This self evaluation forms part of both Developmental Appraisal (DA) and Performance Measurement (PM).

Since Performance Measurement (PM) will be used for determining pay and/or grade progression (notch increases) it **must** be used to evaluate the performance of therapists within the period of a calendar/school year even though the **award** will only be made in the following year. **Note:** The award will therefore always be based on the previous year's work, i.e. in 2005 the award will be made for work done in 2004.

The emphasis on self-evaluation (in an integrated quality management system) serves the following purposes:

- The therapist becomes familiar with the instrument that will be used for Developmental Appraisal **and** Performance Measurement.

- The therapist is compelled to **reflect critically** on his/her **own** performance and to set own targets and timeframes for improvement. The therapist takes control of improvement and is able to identify priorities and monitor own progress.

- Evaluation, through self-evaluation, becomes an ongoing process which is more sustainable in the long term because fewer "outside" evaluations (involving other people) are required thereby reducing the investment of time and of human resources.

- The therapist is able to make inputs when the observation (for evaluation purposes) takes place and this process becomes more participatory.

- The therapist is able to measure progress and successes and build on these without becoming dependent on cyclical evaluations (recommendations for development and interventions that are also only cyclical).

E.3   Therapists: Identification of the personal support group – Development Support Group (DSG)

After having completed a first self-evaluation and having reflected on strengths as well as areas in need of development, each therapist needs to identify his/her **own** support group **within the school**. This should include the immediate senior and one other therapist (peer) selected by the therapist on the basis of the specific field of therapy and who are able to provide the necessary guidance and support..

If there is not an immediate senior (education specialist: therapy/psychology) in the specific field of therapy in the school, the therapist may select two peers. They will form the DSG.

If there are no peers in the specific field of therapy, arrangements must be made with therapists of a neighboring school/district office to assist with the evaluation of the therapists, provided that the evaluators are experts in the specific field of therapy**.**

Each therapist will therefore have a different DSG although some individuals (e.g. Education Specialists) will be involved in several DSGs (for different therapists). Once therapists have determined who their DSGs are, this information will have to be factored in to the **broad** planning (D3) of the SDT to ensure that there are no "clashes" with Education Specialists having to evaluate different therapists at the same time and to ensure a reasonable spread and pace of work for evaluators.

E.4 + 5 Therapists: Observation of therapist in practice

After identifying the personal DSG the therapist needs to be evaluated, for the purpose of determining a "baseline" evaluation with which subsequent evaluation(s) can be compared in order to determine progress. By this time the therapist will have completed a self-evaluation and will have determined strengths as well as areas in need of development. This evaluation must be preceded by a pre-evaluation discussion. The evaluation (including the observation of the therapist in practice) is done by **both** of the DSG members. The purpose of this evaluation by member(s) of the DSG is:

- To confirm (or otherwise) the therapist's perception of his/her own performance as arrived at through the process of self-evaluation.

- To enable discussion around strengths and areas in need of development and to reach consensus on the scores for individual criteria under each of the Performance Standards and to resolve any differences of opinion that may exist.

- To provide the opportunity for constructive engagement around what the therapist needs to do for him/herself, what needs to be done by the school in terms of mentoring and support (especially by the DSG) and what INSET and other programmes need to be provided by, for example, the department.

- To enable the DSG and the therapist (together) to develop a **Personal Growth Plan** (PGP) which includes targets and time-frames for improvement. The therapist must primarily develop the PGP with refinements being done by the DSG.

- To provide a basis for comparison with the evaluation for PM purposes and, since it includes data gathered during the pre-evaluation discussion and will result in the development of a PGP, **this** information **can** be used, in instances where there is little or no improvement, to adjust the ratings upwards (for the purposes of awarding pay or grade progression) where the DSG, school and/or department has **not** provided the necessary support or appropriate opportunities for development.

Note that it is **only** in the first year of implementation (that this evaluation/observation of a therapist in practice will be carried out **for all therapists.** In subsequent years **the summative evaluation (for PM) becomes the baseline evaluation for the following year.**

E.6 Therapists: Personal Growth Plan (PGP)

The therapist, with refinements suggested by both members of the DSG, needs to develop a Personal Growth Plan (PGP). It is anticipated that this will take place soon after the observation of the therapist in practice and the evaluation on which consensus was reached.

The PGP should address growth at four "levels" where these are applicable:

1. Those areas in need of improvement about which the therapist him/herself is in full control (e.g. punctuality).

2. Those areas for which the DSG (immediate senior and/or mentor) or someone else in the school is able to provide guidance (e.g. record-keeping).

3. Those areas for which the Department should provide INSET or other programmes (e.g**. group therapy**).

The therapist's PGP (along with copies of the completed instruments) need to be sent to the Staff Development Team (SDT) of the school. This process needs to be completed by the end of March each year.

D.4   School: Development of School Improvement Plan (SIP)

(The development of a School Improvement Plan has already been referred to under "The Staff Development Team").

The Staff Development Team (SDT) must receive, from all the DSGs, the completed instruments (and agreed-upon ratings) as well as the Personal Growth Plans (PGPs) of each therapist by the end of March each year. From this, and other information pertaining to school management and administration, they must compile the School Improvement Plan (SIP) which groups therapists (with similar developmental needs) together in order to identify specific programmes which are a priority for the school (and the therapists in the school).

B.1   Regional/District/Area office: Advocacy and Training

The regional/district/area officials must receive training, preferably **before** schools receive training. The **advocacy** will be the same as for schools but, clearly, since **their responsibilities will be different**, the training that these officials receive will have to focus on **their role**(s) in an integrated quality management system.

B.2   Regional/District/Area office: Broad Planning

Once the officials have received training and have an overview of what needs to be done, they can begin their **broad planning** of how **they** will manage the process.

B.3   Regional/District/Area Office: Development of an Improvement Plan

Once the Regional/District/Area office receives, from each school, a School Improvement Plan (in which each school highlights its specific developmental needs) by the end of March each year, the relevant office must incorporate it in its own improvement plan for the region/district/area. In this plan, schools that have identified similar needs and/or similar aspects in need of development can be "clustered" together for the purposes of providing INSET and other programmes. **Coordination** of different programmes, which can run concurrently in different areas, and the **optimal deployment of officials** (Education Support Services and/or management officials) should be included in these plans.

B.4   Regional/District/Area Office: INSET and other programmes

Once they have developed coordinated improvement plans, the officials need to make the necessary arrangements and inform schools of the venues, dates and times at which INSET and other programmes will be offered.

D.5   Schools: Development

Schools inform therapists of the INSET and other programmes that will be offered and make the necessary arrangements for therapists to attend.

E.7   Therapists: Development, support and mentoring

Therapists attend INSET and other programmes and, at the same time receive the necessary support from the member(s) of the DSG. Mentoring needs to take place to assist therapists to improve.   The mentoring must be ongoing (in terms of the responsibilities of the immediate senior).   Peer mentoring and support should also be ongoing but are likely to be less formal and less structured interactions.

B.5   Regional/District/Area Office

D.6   School   **Self-evaluation**

E.8   Therapist

By the end of June/end of the second term the Regional/District/Area offices must have organised and managed the **first "developmental cycle"**. Schools will have participated and therapists will have undergone appropriate training which was aligned to their specific developmental needs. regional/district/area offices, Schools (SDTs) and therapists (with their DSGs) must now evaluate **their own** progress against the Improvement Plans that **they** developed. Plans should be reviewed in the light of progress made and, if necessary, plans can be revised and new priorities identified. This should not be a formal, structured process.

B.6 + 7   Regional/District/Area Office

D.7 + 8   School   **Second developmental cycle**

E.9 + 10 Therapist

Between the end of the second term and the end of the third term, regional/district/area offices plan, organise and manage a second round of developmental opportunities for therapists and schools (see B4 + 5; D5 + 6 and E7 + 8). This "cycle" again culminates with self-evaluation by regional/district/area offices, schools and therapists in order to monitor progress.

E.11   Therapist: Observation of therapist in practice for Performance Measurement

By the end of the third term, regional/district/area offices should have managed at least **two** developmental cycles in which various needs of different schools have been addressed.   Through their schools, therapists would have participated in these opportunities. Areas in need of development which were identified in the first term will have been addressed: perhaps not fully, but enough to enable therapists to make sufficient progress in order to be able to qualify for pay-progression.

For pay or grade progression purposes, it will be necessary to carry out a **summative evaluation** at the end of the year – using **exactly the same instrument** that has been used for the self-evaluation, the baseline evaluation and all subsequent self-evaluations during the year.   The DSG will have been involved in mentoring and supporting the therapist during the year in addition to assisting with the development of the PGP. The DSG should therefore have a clear idea of the progress that the therapist has made. The

summative evaluation, or Performance Measurement, is the validation/verification of earlier evaluations. This must be done by the therapist's DSG. The pre-evaluation discussion (and completion of the pre-evaluation form will be used to determine what contextual factors (if any) have impacted negatively on the progress that was expected; for example, a regional/district/area office that was unable to provide appropriate INSET. These observations/evaluations **must** take place between the end of September and end of November.

E.12   Therapist: Feedback and Discussion

The DSG must discuss their evaluation with the therapist and must provide feedback. Differences (if any) need to be resolved. The completed instrument and report must be submitted to the Staff Development Team (SDT).

D.9   School: Record and Report

The SDT must keep all these records and, from them, compile a report (for WSE purposes) on progress that has been made in the school during the year.

The SDT and principal should complete the necessary documentation for submission to the provincial department (those teachers that meet the requirements for pay progression).

B.8 + 9 Regional/District/Area Offices: Receive reports from schools

Reports, reflecting the progress made in the schools, must be submitted to the regional/district/area office by the time that schools close. These reports should include recommendations in respect of how the regional/district/area office can improve on the delivery of developmental INSET and other programmes.

Regional/district/area offices should evaluate their own performance against their Improvement Plan in order to improve on this performance in the following year.

All reports received from schools (including the Composite Form: Annexure C) are retained at the regional/district/area office and must be made available to the external Whole School Evaluation teams.

12.4.4 SECOND AND SUBSEQUENT YEARS OF IMPLEMENTATION

In **all** subsequent years (after 2004) the process that will be followed is **exactly** the same with only **one** exception.

E.13   Therapist: Observation of therapist in practice

Therapists will need to be evaluated by their DSGs **only once** per annum. The "summative evaluation" at the end of the previous year becomes the "baseline evaluation" for the next year. It is therefore necessary to do **only** the **summative evaluation at the end of each year** (for PM purposes) and to compare this with the summative evaluation of the previous year in order to determine progress.

Only **new therapists,** entering the system for the first time will need to be evaluated at the beginning of the year.

D.10 + B.10

B.11 + D.11

Repetition of the process that was followed   in   the   first   year   of implementation

B.12

E.14

Note: The broad and specific planning by schools will involve revising and improving existing plans that were followed in the previous year. It is anticipated that from the second year onwards the planning and monitoring will be less time consuming and that it could be completed before the end of March, which would enable schools to complete the final summative evaluations of therapists a little earlier in the year. The internal self-evaluation of the school, using the WSE instruments needs to be ongoing until such time as the cyclical external WSE takes place.

12.4.5 IN THE YEAR OF THE EXTERNAL WHOLE SCHOOL EVALUATION (WSE)

Notes

- For some schools this may take place in the first or second year. However, for the majority of schools this will take place in a 3 or 5 year cycle. The intention is that secondary schools will be evaluated more or less every three years and primary schools every 5 years (because of the greater number of schools).

- Clearly, cyclical external evaluation should also serve to validate findings from the internal WSE and will serve to measure progress over the period of the cycle (3 or 5 years). The process of internal evaluation in the years in between provides important documented evidence of progress.

- External WSE enables the provincial education departments and the National Department to measure and evaluate the performance of schools in order to make judgements about the level of functioning of individual schools as well as schools as part of the **public education system**. In addition to measuring performance, the approach for WSE (external) is developmental and the evaluation should include highlighting strengths as well as specific areas in need of further development for each school that is evaluated.

- The self-evaluations done by schools in the ongoing process of internal WSE and the measuring of progress against the targets for improvement that the school sets itself (in the School Improvement Plans) are evidence of progress that **must** be taken into account for the external evaluation.

- Schools will use the same instrument for the internal Whole School Evaluations (linked to and informed by the process Developmental Appraisal and Performance Measurement) and the external WSE, which includes the evaluation of a **sample** of therapists.

- The external a WSE Team, including supervisors appointed by the provincial departments for this purpose, will carry out WSE.

- Up to the time when the WSE team arrives at a school, the school should continue with the normal DA, PM and internal WSE processes. The normal ongoing processes are "interrupted" by external WSE for a limited time only.

A.1   **Whole School Evaluation Team: Making Arrangements, Setting the Dates**

The external WSE can take place at **any time** in the year as the WSE team will be evaluating different schools almost every week. The external WSE team will, in most instances, be able to complete their work within a working week. Their time at a school is therefore very limited. Schools are unlikely to be informed of the intended external WSE at the **beginning** of the school year. However, the WSE Team leader must inform the Regional/District/Area Office of the intended evaluation and   Regional/District/Area officials must inform **schools** at least **four working weeks** in advance of the dates for the external WSE.

B.14   Regional/District/Area office: Coordination of External WSE

The Regional/District/Area office coordinates the external WSE in a school and must inform the school in good time (4 weeks) and must provide the school with a list of documents, records and reports that must be made available.

D.13   School: Coordination and Managing the external WSE

The principal and SDT must inform therapists, therapists, parents, learners about the external WSE that will be taking place. The school must make all the documents that have been requested available to the WSE team. These must be collected from the school by the relevant regional/district/area officials.

B.15   Regional/District/Area office: Documentation

The Regional/District/Area office makes the reports and records (including the School Improvement Plans and reports of measured progress) available to the WSE Team.

The school must be informed of the **sample** of therapists that will be evaluated as part of the external WSE process. The relevant therapists are informed in good time (5 days) that they will be observed in practice.

A.2   WSE Team: Review of Documentation

The WSE reviews all the relevant documents received from the school. These must include reports (from Staff Development Team (SDT)), on the implementation of Developmental Appraisal, the annual Performance Measurement process, internal WSE and the progress made by the school in terms of its own School Improvement Plan as well as the support (INSET and other programmes) received from the Regional/District/Area office.

D.14   School: The External Evaluation

The WSE Team carries out the external WSE including the evaluation of a sample of **therapists**. **Note**: The agreed upon **protocol** must be adhered to by the WSE Team. The **WSE Team for the external WSE must use the same WSE instrument that is used by the school for internal** WSE.

E.16   Therapist:: Observation

The sample of therapists is evaluated. The agreed upon **protocol,** for therapists in practice, **must be adhered to**. One (or both) member(s) of the therapist's DSG must accompany the external evaluator(s), i.e. the supervisor and a member of the DSG who has appropriate knowledge of the specific field of therapy during the observation of the therapist in practice. This observation and evaluation will be used to verify the DA and PM of the therapists concerned and will serve to validate the PMs of other therapists. The **same** instrument, used for both DA and PM, must be used for the external WSE.

E.17   Education therapist/psychologist: Discussion and feedback

The WSE Team/supervisor must discuss the findings of the evaluation with the therapist concerned and his/her DSG. Feedback must be given and differences must be resolved. Contextual factors must be discussed and taken into account. Progress that the therapist has made since the first, baseline evaluation and all subsequent summative evaluations (PM) must be taken into account. Once the evaluee and the evaluators have reached agreement, the completed instrument and report is submitted to the Principal, SMT and SDT.

D.15 + 16 School: Discussion, feedback and report

The WSE report, including the evaluations of the sample of therapists, must be discussed with the school (principal, SMT and SDT). The report should include recommendations for further development. Any differences need to be resolved before the report can be accepted as being final. The school then receives the final report which is kept as part of its quality management records.

B.16   Regional/District/Area office: Report received

A copy of the report is made available to the regional/district/area office and discussed with them. Support and provision of appropriate INSET and other programmes (in respect of recommendations made in the report for further development needed by the school) must be highlighted.

A.3   WSE Team: Final Report

The WSE Team must submit its final report to the relevant directorate(s) in the provincial department as well as the Chief Directorate: Quality Assurance at the National Department of Education.

B.17 Regional/District/Area office	**Normal Quality Management processes continue after the external WSE has been completed.**
C.17 School	
E.18 Therapist	

SECTION C
THE INSTRUMENT

13.   THE INSTRUMENT

The instrument is in two parts. One part (made up of 4 performance standards) is for **observation of therapists in practice** and the other part (made up of 8 performance standards) is related to aspects for evaluation that fall **outside of the therapy room.**

13.1.   THE THERAPY SESSION OBSERVATION INSTRUMENT

This part of the instrument is designed for observation of therapists in practice for Developmental Appraisal, Performance Measurement and Whole School-Evaluation (external).

13.1.1 This part of the instrument consists of four performance standards:

1.   The creation of a positive therapeutic environment
2.   Knowledge of field of therapy and therapeutic/intervention programmes
3.   Planning of therapy, preparation and application
4.   Learner assessment and development

13.1.2 Each of the performance standards asks a question:

- Does the therapist create a suitable environment for therapy?
- Does the therapist demonstrate adequate knowledge of the field of therapy and does s/he use this knowledge effectively to create meaningful learner development?
- Is planning of   therapy session clear, logical and sequential, and is there evidence that individual therapy sessions fit into a broader therapeutic/intervention programme?
- Is assessment used to promote learner development?

    12.1.3 Criteria

Each performance standard includes a number of criteria. For each of these criteria there are four descriptors which are derived from the four point rating scale.

13.2   THE INSTRUMENT FOR ASPECTS OUTSIDE OF THE THERAPY ROOM

This part of the instrument is designed to evaluate the performance of therapists with regard to aspects outside therapy observation.

13.2.1 This part of the instrument consists of eight performance standards:

5.   Professional development in field of work/career and participation in professional bodies.
6.   Human relations and contribution to school development.
7.   Extra-curricular and co-curricular participation.
8.   Administration of resources and records.
9.   Personnel.
10.   Decision making and accountability.
11.   Leadership, communication and servicing the governing body.
12.   Strategic planning, financial planning and EMD.

13.2.2 Each of the performance standards asks a question:

- Does the therapist participate in activities, which foster professional growth?
- Does the therapist demonstrate respect, interest and consideration for those with whom he/she interacts?
- Is the therapist involved in extra and co-curricular activities?
- Does the therapist use resources effectively and efficiently?
- Does the therapist manage and develop personnel in a way that the vision and mission of the institution are accomplished?
- Does the therapist display sound decision making skills and does he/she take responsibility for the decisions made?
- Is he/she a visionary leader who builds commitment and confidence in staff members?
- Is the therapist proficient in planning and education management development?

13.2.3 Criteria

Each performance standard includes a number of criteria. For each of these criteria there are four descriptors which are derived from the four point rating scale.

13.3   RATING SCALE

- **Rating 1**: Unacceptable. This level of performance does not meet minimum expectations and requires urgent interventions and support.

- **Rating 2**: Satisfies minimum expectations. This level of performance is acceptable and is in line with minimum expectations, but development and support are still required.

- **Rating 3**: Good. Performance is good and meets expectations, but some areas are still in need of development and support.

- **Rating 4**: Outstanding. Performance is outstanding and exceeds expectations. Although performance is excellent, continuous self-development and improvement are advised.

13.4 APPLICATION OF PERFORMANCE STANDARDS

- Standards 1 to 7 apply to all Level 1 Education Therapists and Senior Education Therapists
- Standards 1 to 10 are applicable to Education Specialists (Therapy/Psychology).
- Standards 1 to 12 are applicable to Senior Education Therapists (Therapy and Psychology), Deputy Principals and Principals.

13.5 A GUIDE ON HOW TO USE THE INSTRUMENT

- The performance standard appears at the top of the instrument and is followed by a broad statement of what the expectation is.
- The question to be answered from the observation is given.
- Each performance Standard consists of a number of criteria, each of which is described by 4 performance level descriptors or performance indicators. The criteria are labelled (a), (b), (c), etc. and these labels correspond to the performance descriptors/indicators, which are also labelled (a), (b), (c), etc. Whilst all the criteria are grouped together under each level of performance (e.g. performance level 1: (a), (b), (c), etc.) to provide an **overall picture** of that particular level of performance, **progression (**in terms of **each** of the criteria) is described by, for example 1(a), 2(a), 3(a) and 4(a) or, for criterion (b), by 1(b), 2(b), 3(b) and 4(b). Please note that therapists can be **scored differently** for each of the criteria under a performance standard, for example, for PS1 a therapist might be scored **2** for (a), **4** for (b), **3** for (c) and **1** for (d).
- For each of the **criteria,** record the performance rating in the space allocated for this purpose.
- Adjustments for ratings: see annexure A.The appraiser is required to record observations as clearly as possible in the appropriate columns:

    * In the column "**Strengths**", record the strengths that have been taken into account in the assessment rating: high ratings are indicative of strengths.
    * Make recommendations in the column "**Recommendations for Development".** These are based on the ratings obtained for **each** of the criteria under each performance standard. Low ratings are indicative of areas in need of development.
    * In the column "**Notes on contextual factors**", record the contextual factors that have influenced the assessment rating. These can consist of personal, social, economic and political factors. The assessment of contextual factors is intended to assess not only their effect on performance, but also the manner in which the therapist addresses these issues. The comments should, therefore, reflect the following:
    ** To what extent do contextual factors influence performance?
    ** To what extent does the therapist attempt to overcome negative influences in their teaching?

- If observations and comments are recorded clearly in each of the columns then it will **not** be necessary to write a separate report. **The completed instrument will serve as the report.**

13.6   USING THE SCALE FOR AN INTEGRATED QUALITY MANAGEMENT SYSTEM

13.6.1 For Developmental Appraisal

No overall ratings or totals are required. The baseline evaluation done at the start of the first year of implementation (and for new therapists entering the system for the first time in subsequent years), and all self-evaluations are strictly developmental. However, in order to make comparisons, and to track progress, therapists and/or their DSGs **may** wish to arrive at overall scores or totals. The ratings for each of the criteria under each performance standard are indicative of strengths (high scores) as well as specific areas in need of development (low scores). The completed instrument, which clearly indicates areas in need of development must be used by the therapist (and his/her DSG) to develop a Personal Growth Plan (PGP) that enables the therapist to develop and improve in the areas that have been identified. The completed instrument forms the report for DA as well as the baseline evaluation.

13.6.2 For Performance Measurement

For purposes of pay or grade progression **total scores** must be **calculated.** The **final score** (total) is used to arrive at an overall rating. The rating can be adjusted upwards taking contextual factors into account such as the lack of opportunities for development, lack of INSET provided by the District/Local Departmental office or lack of support and mentoring within the school. A scoring sheet is attached at the end of the instrument (annexure A) to be used for this purpose. The completed score sheet should be submitted to Persal for data capturing after the summative evaluation at the end of the year. In order to qualify for salary progression and grade progression respectively the following minimum scores must be obtained.

	Salary progression	Grade progression
Post level 1: Education Therapists/Senior Education Therapists	56	78
Post level 2: Education Specialists (Therapy/Psychology)	84	118
Post level 3 and 4: Senior Education Specialists Therapy/Psychology Principals and Deputy Principals	104	146

13.6.3 For Whole School Evaluation

For the purposes of Whole School Evaluation (WSE) (both internal and external) it is **not** necessary to make judgements about the performance of individual therapists. The names of therapists therefore do not need to be recorded, especially for eternal WSE. It will be necessary to evaluate the **school's** overall performance in respect of each of the p**erformance standards** in order to enable the **school** to plan for appropriate programmes that will ensure improvement in those areas that are identified.

14. **OBSERVATION OF THERAPY SESSION IN PRACTICE: DATA SHEET**

Name _____(NB: Name recorded only for DA and PM)

School _____

Address _____

_____

Emis No _____

Persal No. _____

Date of Observation _____

Names of Evaluator/s _____

Signature of Evaluee _____

Signature(s) of Evaluator(s) _____

15.   PRE-EVALUATION PROFILE CHECKLIST

The pre-evaluation profile checklist should be used for establishing the profile of any person who is being evaluated. The questions should be used as a framework for a professional discussion between the evaluator and the evaluee. A record must be kept of the answers provided.

In arriving at a final assessment, the evidence that the evaluee provides in answering these questions as well as the information obtained from the application of the rating instrument **may** be used to effect an **upward adjustment** of the Performance Measurement score.

Wherever appropriate additional documentary evidence should be provided.

15.1   The following should be used for post level 1 Education Therapists and Senior Education Therapists only:

- Have you been appraised for developmental purposes?
- Do you have a projected Personal Growth Plan (PGP) and to what extent have you achieved its objectives?
- Have you received any assistance from your Development Support Group (DSG)?
- To what extent have you managed to acquire new knowledge and additional skills to address your professional needs?
- Do you stay informed regarding policies and regulations applicable to your position?
- Do you receive support from your colleagues, school managers, governing body, the Staff Development Team (SDT) and departmental officials?
- Do you share information with colleagues?
- Is there anything you need that could help you develop and become more effective?
- How do you contribute to extra-curricular activities at the school?
- Do you participate in professional activities, e.g. conduct workshops, attend INSET courses, **attend other courses** seminars, union programmes, etc.?
- What type of community activities are you involved in?
- What role do you play in formulating and implementing the school's policies?
- Are there any other matters you would like to bring to the attention of the supervisor before you are observed in practice?

15.2   The following should be used for post level two Education Specialists (Therapy and Psychology):

- Do you have a projected Personal Growth Plan (PGP) and to what extent have you achieved its objectives?
- Have you received any assistance from your immediate senior or DSG?
- What kind of support have you received with regard to leadership, management and administration?
- Do you make an active contribution to the policies and aspirations of the school?
- Do you inspire trust and confidence in learners and colleagues?
- How do you go about communicating the school's vision, goals and priorities to appropriate constituencies?
- Do you give direction to your team in realising the institution's objectives?
- Are you able to secure the co-operation from colleagues and team members?
- How do you ensure effective utilisation of financial resources?
- How do you go about allocating resources to established goal and objectives?
- What is your role with regard to financial planning, budgeting and forecasting?
- Do you create mechanisms and structures for sharing of knowledge within the institution?
- Do you consult with clients and stakeholders on ways to improve the delivery of services?
- Do you demonstrate objectivity, thoroughness, insightfullness, and probing behaviours when approaching problems?
- Do you delegate and empower others to increase their contributions and level of responsibility?
- Do you display personal interest in the well-being of colleagues?
- Do you manage conflict through a participatory transparent approach?
- Are you receptive to alternate viewpoints?

	Performance Standard: 1. CREATION OF A POSITIVE THERAPEUTIC ENVIRONMENT			
Expectation: The therapist creates a positive therapeutic environment that enables the learners to participate actively and to develop in the therapeutic process				
Question: Does the therapist create a suitable environment and climate for therapy and development?				
CRITERIA: (a) Therapeutic environment:, (b) Learner Involvement; (c) Discipline; (d) Diversity				
Levels of Performance		**Strengths**	**Recommendations for Development**	**Contextual factors**
1	**Unacceptable**			
(a)	▪ No effort to create **a** therapeutic environment that is conducive to development**; organisation** of therapeutic environment hampers therapy**.			
(b)	▪ Therapist and learner(**s**) appear **uninterested.**			
(c)	▪ **No discipline** and much time is wasted. Learner(**s**) does(do) not accept discipline or discipline is experienced by learners as humiliating.			
(d)	▪ Therapist is **insensitive** to racial, cultural and/or gender diversity; does not respect dignity of individual learners or groups of learners.			
2	**Satisfies minimum expectations**			
(a)	▪ There is evidence of an attempt at creating **and organising** a suitable therapeutic environment, which enables individual and/or group development**.			
(b)	▪ Learner(**s**) is/are **engaged in appropriate activities** for most of the therapy session**.			
(c)	▪ Learner(**s**) is/are **disciplined** and therapy is not interrupted unnecessarily.			
(d)	▪ Therapy environment is **free** of obvious **discrimination**			

3	**Good**	
(a)	▪ **Organisation of** therapeutic environment enables the effective use of resources and encourages and supports individual and group activities.	
(b)	▪ The environment is **stimulating** and the learner(**s**) participate(s) actively.	
(c)	▪ Learner(s) is/are encouraged; there is **positive reinforcement.** Learners accept discipline without feeling threatened.	
(d)	▪ Therapist **acknowledges** and **respects** individuality and diversity.	
4	*Outstanding*	
(a)	▪ **Organisation of** therapeutic environment shows creativity and enables all learners to be productively engaged in individual and cooperative **development.**	
(b)	▪ Learner(**s**) participate actively and is/are encouraged to interact with confidence and to be creative.	
(c)	▪ Learner(**s**) is/are motivated and **self-disciplined.**	
(d)	▪ Therapist uses **inclusive strategies** and **promotes** respect for individuality and **diversity.**	

Rating

Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4

Performance Standard 1

Criteria	Raw Scores	Final scores
a		
b		
c		
d		
Total Max. 16		

÷ 4 to determine rating

	Performance Standard: 2. KNOWLEDGE OF FIELD of THERAPY AND THERAPEUTIC/INTERVENTION PROGRAMMES			
Expectation: The therapist possesses appropriate knowledge regarding the field of therapy , which is demonstrated in the creation of meaningful learner development.				
Question: Does the therapist demonstrate adequate knowledge of the field of therapy or therapeutic/intervention programme and does he/she use this knowledge effectively to create meaningful learner development?				
CRITERIA: (a) Knowledge of field of therapy, (b) skills, (c) goal setting, (d) interpretation of therapeutic/intervention programme.				
Levels of Performance		**Strengths**	**Recommendations for Development**	**Contextual factors**
1	**Unacceptable**			
(a)	▪ Therapist conveys inaccurate and limited knowledge of field of therapy**.**			
(b)	▪ No skill in creating **meaningful** experiences for learners.			
(c)	▪ Little or no evidence of goal-setting to achieve therapy outcomes.			
(d)	▪ Makes no attempt to interpret the therapeutic/intervention programmes for the benefit of learners.			
2	**Satisfies minimum expectations**			
(a)	▪ Therapist's knowledge is adequate but not comprehensive.			
(b)	▪ Has some skill in engaging learners and relating the therapeutic /intervention programme to learners' needs.			
(c)	▪ Evidence of some goal setting to achieve therapy outcomes.			
(d)	▪ Makes some attempt to interpret the therapeutic/intervention programmes for the benefit of learners.			

3		**Good**			
(a)	▪	Therapist is able to use knowledge and information to extend the development of learners.			
(b)	▪	Therapist skillfully involves learners in therapy**.**			
(c)	▪	Makes every endeavour to set realistic goals to achieve therapy outcomes.			
(d)	▪	**Appropriately** interprets therapeutic/intervention programmes in the interests of the learners.			
4		*Outstanding*			
(a)	▪	Therapist uses knowledge to diagnose learner strengths and weaknesses in order to develop therapeutic/intervention strategies.			
(b)	▪	Therapist uses techniques that provide for optimum development of learners.			
(c)	▪	Therapy outcomes are always achieved by being creative and innovative in the setting of goals.			
(d)	▪	Excellent balance between **interpretation of** therapeutic**/** intervention programme and learner needs, interests and background.			

Rating

Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4

Performance Standard 2

Criteria	Raw Scores	Final Scores
a		
b		
c		
d		
Total Max. 16		

÷ 4 to determine rating

Performance Standard: 3. PLANNING OF THERAPY, PREPARATION AND APPLICATION (Note: "Evidence of planning: does **not** imply that therapy sessions must be written out. However it must be clear that the therapy session has been planned)

Expectation: **The therapist demonstrates competence in planning, preparation, application and management of therapeutic/intervention programmes.**

Question: Is therapy session planning clear, logical and sequential and is there evidence that individual therapy sessions fit into a broader therapeutic/intervention programme?

CRITERIA: (a) Planning (b) Application (c) Recording, (d) Management of therapeutic/intervention programmes

	Levels of Performance	Strengths	Recommendations for Development	Contextual factors
1	**Unacceptable**			
(a)	• Little or no evidence of planning of therapy session.			
(b)	• Therapy session not structured and inappropriately applied**.**			
(c)	• No records are kept.			
(d)	• Learners not involved in therapy in a way that supports their needs and the development of their skills and knowledge.			
2	**Satisfies minimum expectations**			
(a)	• Planning of therapy session planning not fully on a professional standard.			
(b)	• Therapy session relatively structured and appropriately applied			
(c)	• Evidence of essential records of planning and learner progress is available.			
(d)	• Evidence of some learner involvement in therapy sessions in a way that it supports their needs and the development of their skills and knowledge.			
3	**Good**			
(a)	▪ Therapy session planning is generally clear, logical and sequential.			

(b)	▪	Therapy sessions are well structured and fit into the broader therapeutic programme building on previous therapy sessions and anticipating future activities.
(c)	▪	Essential records of planning and learning progress are maintained at a high level of proficiency.
(d)	•	Good involvement of learners in therapy session**s** in such a way that it supports their needs and the development of their skills and knowledge.
4		*Outstanding*
(a)	▪	Therapy session planning is abundantly clear, logical, sequential and develop-mental.
(b)	▪	Outstanding planning of therapy session**s** that are exceptionally well structured and clearly fit into the broader therapeutic/intervention programme with evidence that it builds on previous therapy session**s** as well as fully anticipating future activities.
(c)	▪	Outstanding record keeping of planning and learner progress.
(d)	▪	Excellent involvement of learners in therapy sessions in such a way that it fully support their needs and the development of their skills and knowledge.

Rating

Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4

Performance Standard 3

Criteria	Scores	FinalScores
A		
B		
C		
D		
Total Max. 16		

÷ 4 to determine rating

Performance Standard: 4. LEARNER ASSESSMENT AND DEVELOPMENT				
Expectation: **The therapist demonstrates competence in monitoring and assessing learner progress and development.**				
Question: Is assessment used in order to promote learner development?				
CRITERIA: (a) Feedback to learners, (b) Knowledge of assessment techniques, (c) Modification of assessment strategies. (d) Record keeping				
Levels of Performance		**Strengths**	**Recommendations for Development**	**Contextual factors**
1	**Unacceptable**			
(a)	▪ No evidence of meaningful feedback to learners.			
(b)	▪ Does not demonstrate an under-standing of different types of assessment			
(c)	▪ Assessment results do not influence therapeutic/intervention strategies.			
(d)	▪ No evidence of records, or records are incomplete and irregular.			
	▪			
2	▪ **Satisfies minimum expectations**			
(a)	▪ Some evidence of feedback.			
(b)	▪ Has a basic understanding of different types of assessment.			
(c)	▪ Some evidence of modification of therapeutic/intervention strategies based on assessment results.			
(d)	▪ Maintains essential records.			

3		**Good**
(a)	▪	Feedback is meaningful and timeously provided.
(b)	▪	A variety of assessment techniques are used, allowing learners to demonstrate their abilities.
(c)	▪	Therapy session**s** are appropriately tailored to address learners' strengths and areas of weakness.
(d)	▪	Records are systematically, efficiently and regularly maintained.
4		*Outstanding*
(a)	▪	Feedback is insightful, timeous, and built in to therapy session design
(b)	▪	Different assessment techniques used to cater for learners from diverse backgrounds, with multiple abilities.
(c)	▪	Assessment informs multiple therapeutic/intervention strategies to address specific needs of all learners, and motivates them.
(d)	▪	Records are easily accessed and provide insights into individual learners' progress.

Rating			
Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4

Performance Standard 4

Criteria	Raw Scores	Final Scores
a		
b		
c		
d		
Total Max. 16		

÷ 4 to determine rating

Performance Standard: 5. PROFESSIONAL DEVELOPMENT IN FIELD OF WORK/CAREER AND PARTICIPATION IN PROFESSIONAL BODIES				
Expectation: The therapist engages in professional development activities which is demonstrated in his willingness to acquire new knowledge and additional skills				
Question: Does the therapist participate in professional growth activities?				
Criteria: (a) Participation in professional development; (b) Participation in professional bodies; (c) Knowledge of education issues; (d) Attitude to professional development				
Levels of Performance		**Strengths**	**Recommendations for Development**	**Contextual factors**
1	**Unacceptable**			
(a)	▪ Little or no evidence of professional development			
(b)	▪ Makes no attempt to participate in professional bodies			
(c)	▪ Displays no, or superficial, knowledge on educational issues			
(d)	▪ Exhibits negative attitude towards development, seminars, etc			
2	**Satisfies minimum expectations**			
(a)	▪ There is evidence of some attempt to develop oneself professionally			
(b)	▪ Evidence of some participation in professional bodies, e.g. trade union, professional associations (e.g. Occupational Therapy Association of SA)			
(c)	▪ Shows some knowledge of educational issues			
(d)	▪ Seeks further professional development			

3		**Good**
(a)	▪	Participates eagerly in professional development programmes to improve job performance.
(b)	▪	Plays a role in professional bodies and involves colleagues.
(c)	▪	Demonstrates clear awareness of current education issues
(d)	▪	Stays informed in his/her field by reading or participating in conferences and training opportunities
4		*Outstanding*
(a)	▪	Takes a leading role in initiating and delivering professional development opportunities
(b)	▪	Takes up leading positions in professional bodies and involves colleagues
(c)	▪	Is informed and critically engages with current education issues.
(d)	▪	Participates in activities which foster professional growth and tries new therapy methods/approaches and evaluates their success.

Rating

Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4

Performance Standard 5

Criteria	Raw Scores	Final Scores
A		
B		
C		
D		
Total Max. 16		

÷ 4 to determine rating

Performance Standard: 6. HUMAN RELATIONS AND CONTRIBUTION TO SCHOOL DEVELOPMENT				
Expectation: **The therapist engages in appropriate interpersonal relationships with learners, parents and staff and contributes to the development of the school**				
Question: Does the therapist create and maintain sound human relations with colleagues and learners?				
CRITERIA: (a) Learner needs; (b) Human relations skills; (c) Interaction; (d) Co-operation				
Levels of Performance		**Strengths**	**Recommendations for Development**	**Contextual factors**
1	**Unacceptable**			
(a)	▪ The therapist is insensitive to learner needs.			
(b)	▪ No evidence of human relation skills in communicating with learners, staff and parents.			
(c)	▪ Interacts inappropriately with learners, staff and parents.			
(d)	▪ Lacks tact and courtesy and is not co-operative.			
2	**Satisfies minimum expectations**			
(a)	▪ Some evidence of the therapist being sensitive to learner needs.			
(b)	▪ Some evidence of positive relationships with individuals.			
(c)	▪ Interacts appropriately with individuals.			
(d)	▪ Cooperates with learners, staff and parents.			

3		*Good*			
(a)	▪	Designs internal work processes to cater for learner needs.			
(b)	▪	Establishes trust and shows confidence in others & supports school regulations, programmes and policies.			
(c)	▪	Demonstrates understanding and acceptance of different racial, ethnic, cultural and religious groups.			
(d)	▪	Shares information openly, whilst respecting the principle of confidentiality.			
4		*Outstanding*			
(a)	▪	Adds value to the institution by providing exemplary service in terms of learner needs.			
(b)	▪	Demonstrates respect, interest and consideration for those with whom he/she interacts.			
(c)	▪	Conducts self in accordance with organisational code of conduct and handles contacts with parents/ guardians in a professional and ethical manner.			
(d)	▪	Supports stakeholders in achieving their goals.			

Rating

Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4

Performance Standard 6

Criteria	Raw Scores	Final Scores
A		
B		
C		
D		
Total Max. 16		

÷ 4 to determine rating

Performance Standard: 7. **EXTRA-CURRICULAR AND CO-CURRICULAR PARTICIPATION**

Expectation: **The therapist participates in extra-curricular and co-curricular activities in such a way that it leads to the holistic development of the learners.**

Question: **Does the therapist participate in extra-curricular and co-curricular activities and is s/he involved with the administration of these activities?**

CRITERIA: (a) Involvement; (b) Holistic development; (c) Leadership and coaching; (d) Organisation and administration

Levels of Performance		Strengths	Recommendations for Development	Contextual factors
1	**Unacceptable**			
(a)	▪ The therapist is not involved in extra-curricular or co-curricular activities			
(b)	▪ Makes no attempt to use these activities for the holistic development of learners			
(c)	▪ Leadership and coaching is inadequate.			
(d)	▪ Organisation and administration is poor.			
2	**Satisfies minimum expectations**			
(a)	▪ Not fully involved in extra-curricular and co-curricular activities			
(b)	▪ Makes some effort to use these activities for the holistic development of learners			
(c)	▪ Leadership and coaching is at an acceptable level			
(d)	▪ Organisation and administration is at an acceptable level.			

3		*Good*			
(a)	▪	Therapist is fully involved in extra-curricular and co-curricular activities.			
(b)	▪	Therapist skillfully involves learners in all activities			
(c)	▪	Evidence of good leadership and coaching at a pleasing standard			
(d)	▪	Administration and organisation is conducted professionally.			
4		*Outstanding*			
(a)	▪	Therapist plays a leading role and encourages learners and staff to arrange and participate in-activities			
(b)	▪	Therapist is most successful in using these activities for the holistic development of learners.			
(c)	▪	Leadership and coaching is at an exceptional standard.			
(d)	▪	Administration and organisation is outstanding			

Rating

Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4

Performance Standard 7

Criteria	Raw Scores	Final Scores
A		
B		
C		
D		
Total Max. 16		

÷ 4 to determine rating

Performance Standard: 8. ADMINISTRATION OF RESOURCES AND RECORDS				
Expectation: **The therapist administers resources and records in an effective and efficient manner to enable the smooth functioning of the therapy department and the institution.**				
Question: Does the quality of administration contribute to building an effective therapy department and institution?				
CRITERIA: (a) Utilisation of resources; (b) Instructions; (c) Record keeping; (d) Maintenance of infrastructure; (e) Circulars				
Levels of Performance		**Strengths**	**Recommendations for Development**	**Contextual factors**
1	**Unacceptable**			
(a)	▪ Does **not utilise** resources (human, physical or financial) optimally or abuses these resources.			
(b)	▪ No clear instructions or guidelines are provided. Staff members are unsure what is expected of them. There is no mentoring or support of staff.			
(c)	▪ Financial and other records are not kept or are incomplete and do not comply with departmental requirements.			
(d)	▪ Premises, buildings and equipment are not properly maintained or are abused. There are no proper control measures or systems in place.			
(e)	▪ Departmental circulars are not brought to the attention of staff members. No proper record is maintained and circulars are often lost.			

2		**Satisfies minimum expectations**
(a)	▪	Uses resources appropriately.
(b)	▪	Gives clear instructions and provides guidelines with regard to administrative duties to be performed. Staff are able to meet expectations.
(c)	▪	Records (financial and otherwise) are kept in accordance with accepted practices and/or departmental requirements.
(d)	▪	Ensures that the premises, buildings, equipment and learning and teaching materials are properly used and maintained. Exercises proper control of their usage.
(e)	▪	All Departmental circulars (and other information **received**) in respect of things that affect them, are brought to the attention of staff members.
3		*Good*
(a)	▪	Uses resources effectively and efficiently.
(b)	▪	Gives clear instructions and provides sound guidelines in respect of administrative duties. Staff know what is expected of them and, through mentoring, supports staff in those duties.
(c)	▪	Full and complete records are kept not only in terms of departmental requirements but also of important events and other aspects that are of interest to the institution.
(d)	▪	Premises, buildings, equipment are used – and maintained well. There is evidence of improvement in this regard.

4		*Outstanding*			
(a)	▪	Uses resources optimally and creatively – specifically aligned to the vision, mission and goals of the therapy department and institution.			
(b)	▪	Clear instructions and sound guidelines enable staff to do what is expected of them. Mentoring and support provides encouragement for staff to do more than is required and to do so with enthusiasm.			
(c)	▪	Record-keeping is comprehensive and up to date; meets requirements in terms of accepted practices and/or departmental requirements.			
(d)	▪	Premises, buildings, equipment and learning and teaching support materials are used optimally. Repairs or replacements are effected promptly. Control/monitoring systems are in place.			
(e)	▪	Departmental circulars and other relevant information are consistently brought to the attention of staff members in good time. Where necessary, discussions are initiated to ensure that the context is understood. Responses are developed when necessary. Follow-up is managed when necessary.			

Rating

Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4

Performance Standard 8

Criteria	Raw Scores	Final Scores
A		
B		
C		
D		
E.		
Total Max. 20		

÷ 5 to determine rating

Performance Standard: 9. PERSONNEL			
Expectation: **Manages and develops personnel in such a way that the vision and mission of the institution are accomplished.**			
Question: Does s/he manage staff by applying the principles of democracy?			
CRITERIA : (a) Pastoral care; (b) Staff development; (c) Provision of leadership; (d) Building commitment and confidence			
Levels of Performance	**Strengths**	**Recommendations for Development**	**Contextual factors**
1 **Unacceptable**			
(a) ▪ No evidence of any pastoral care for personnel.			
(b) ▪ Does not contribute to or participate in staff development programmes.			
(c) ▪ Does not provide any professional leadership within the institution.			
(d) ▪ No evidence of building commitment and confidence in staff.			
2 **Satisfies minimum expectations**			
(a) ▪ Provides pastoral care to staff members but infrequently			
(b) ▪ Some evidence of staff development.			
(c) ▪ Offers professional advice to staff where necessary.			
(d) ▪ Motivates staff members when necessary but not regularly.			

3		*Good*
(a)	▪	Displays personal interest in the well being of others.
(b)	▪	Guides and supervises the work of staff and formulates staff development programmes on a regular basis.
(c)	▪	Manages staff professionally by applying democratic principles and acknowledges labour and other rights of individuals.
(d)	▪	Initiates, supports and encourages new ideas.
4		*Outstanding*
(a)	▪	Supports and respects the individuality of others and recognises the benefits of diversity of ideas and approaches.
(b)	▪	Ensures that staff training and mentoring programmes are developed, implemented and evaluated.
(c)	▪	Gives direction to staff in realising the institution's strategic objectives.
(d)	▪	Inspires and builds commitment and motivates therapists through the use of intrinsic rewards or encouragement.

Rating

Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4

Performance Standard 9

Criteria	Raw Scores	Final Scores
a		
b		
c		
d		
Total Max. 16		

÷ 4 to determine rating

Performance Standard: 10. DECISION MAKING AND ACCOUNTABILITY				
Expectation: Establishes procedures that enable democratic decision-making and accountability within the institution				
Question: Does s/he establish structures that enable/ensure active participation by all stakeholders in decision making processes and are there to clear lines of accountability?				
CRITERIA: (a) Stakeholder Involvement; (b) Decision making; (c) Accountability/responsibility; (d) Motivation; (e) Objectivity/Fairness				
Levels of Performance		**Strengths**	**Recommendations for Development**	**Contextual factors**
1	**Unacceptable**			
(a)	▪ Makes little or no attempt to involve all stakeholders in decision making processes. There is little or no evidence of consensual decision making.			
(b)	▪ Lacks decision-making skills, makes autocratic decisions without consultation or is reluctant to make any decisions or decisions are frequently illogical and not the best option.			
(c)	▪ Does not take responsibility for any decisions that are made; often tries to put the blame on someone else if decisions are proved to be wrong.			
(d)	▪ Is not decisive: is unable to earn the respect of staff members with regard to the quality of decisions made and is not motivated to take a leadership role.			
(e)	▪ Decisions are seldom taken and where they are it is apparent that objectivity and fairness were not considered important.			

2		**Satisfies minimum expectations**
(a)	▪	Establishes structures and procedures that enable the involvement of all stakeholders.
(b)	▪	Has decision making skills; takes different views into account when making decisions.
(c)	▪	Takes responsibility for decisions made in most instances; sometimes tries to justify decisions that have been proved wrong.
(d)	▪	Is decisive, earns the respect of staff members and is able to motivate staff to participate in decision making.
(e)	▪	Decisions taken reflect that objectivity and fairness were considerations.
3		**Good**
(a)	▪	Ensures that all stakeholders are actively involved in decision making and that the necessary procedures are followed.
(b)	▪	Has good decision making skills: Is able to take different points of view into account and to base decisions on sound logic.
(c)	▪	Is prepared to be held accountable for the decisions made.
(d)	▪	Staff members are willing to participate in decision making processes and respect the decisions taken.
(e)	▪	Objective and sound decisions take contextual factors into account in order to arrive at decisions that are fair.

4		*Outstanding*			
(a)	▪	Ensures that whenever possible and appropriate decisions are arrived at by consensus.			
(b)	▪	Decisions, based on wide consultation with all relevant parties and based on sound logic, are made in good time. Creative solutions are found when necessary. Is decisive without being authoritarian.			
(c)	▪	Is prepared to be held accountable for the decision making process as well as taking responsibility for the decisions. Does not pass on the blame for wrong decisions. Ensures accountability from staff members as well as being accountable to them. Decisions are frequently proactive rather than reactive.			
(d)	▪	Staff recognise that their opinions are valued and taken into account; they are motivated to participate in decision making.			
(e)	▪	Staff members trust the decisions made as the process has been transparent and participatory. Decisions are always objective and fair.			

Rating

Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4

Performance Standard 10

Criteria	Raw Scores	Final Scores
a		
b		
c		
d		
e.		
Total Max. 20		

÷ 5 to determine rating

Performance Standard: 11. LEADERSHIP, COMMUNICATION AND SERVICING THE GOVERNING BODY			
Expectation: **Demonstrates/has well-developed leadership qualities.**			
Question: Is s/he able to take the lead and act decisively in terms of priorities and opportunities?			
CRITERIA: (a) Leadership; (b) Support; (c) Communication; (d) Systems; (e) Commitment and confidence; (f) Initiative, Creativity			
Levels of Performance	**Strengths**	**Recommendations for Development**	**Contextual factors**
1 **Unacceptable**			
(a) ▪ Demonstrates poor (or no) leadership qualities. Is reluctant to take the lead and/or has not earned the respect of colleagues; often feels threatened.			
(b) ▪ Is unable to provide support; does not mentor or provide guidance; may often undermine colleagues; is not approachable.			
(c) ▪ Does not communicate with colleagues, parents or the school governing body; does not share information or ideas. Is not prepared to listen to alternative points of view.			
(d) ▪ Does not work to any particular system; is disorganised and is unable to manage or control specific projects or initiatives. Productivity is low.			
(e) ▪ Lacks commitment and confidence. Is easily swayed when challenged. Does not follow through on tasks and is easily distracted. Time management is weak/ poor.			
(f) ▪ Lacks initiative and is not creative. Will not attempt tasks without clear directives.			

2		**Satisfies minimum expectations**
(a)	▪	Takes the lead in encouraging teamwork and empowers colleagues.
(b)	▪	Provides guidance and support to enable colleagues to improve.
(c)	▪	Consults with colleagues, parents and the governing body, shares information and provides reports back, is transparent and listens to alternative points of view.
(d)	▪	Works to basic systems; is organised and productivity is acceptable.
(e)	▪	Is confident and is committed to serving the learners, parents and the SGB. Is focused and persistent. Will follow through on tasks until completed.
(f)	▪	Implements systems and structures in a familiar environment, is prepared to attempt to improve existing systems.
3		**Good**
(a)	▪	Provides strong leadership and direction to enable colleagues to realise strategic objectives.
(b)	▪	Values colleagues as individuals, acknowledges their ideas; provides ongoing support and is available to guide and advise them.
(c)	▪	Consults with colleagues, parents and governing body; shares ideas and information; takes alternative points of view into account.
(d)	▪	Has improved systems that are appropriate for specific circumstances; is organised and is able to track progress. Productivity is above average.
(e)	▪	Has built up experience which is the basis for confidence; is not easily distracted; supports colleagues in order to achieve goals; Time management is good; tasks are completed within deadlines
(f)	▪	Is innovative and is prepared to try out new ways of doing things; refines and improves existing systems and processes.

4	**Outstanding**
(a)	▪ Translates strategic objectives into action plans and inspires colleagues; engenders trust; colleagues are motivated.
(b)	▪ Works with colleagues to effect improvements on an ongoing basis; is approachable and shares information and provides support while encouraging independent thinking and innovation.
(c)	▪ Consults with all stakeholders and listens to alternative points of view; is transparent; shares information and provides regular feedback. Responds positively to constructive criticism.
(d)	▪ Is innovative and has created effective systems for managing and tracking work in progress. Systems are streamlined and efficient. Productivity is high.
(e)	▪ Time management is very good; is able to multitask without losing focus. Takes on additional tasks or assists colleagues.
(f)	▪ Is innovative and creative; thinks critically and is prepared to test new ways of doing things in order to increase efficiency.

Rating

Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4

Performance Standard 11

Criteria	Raw Scores	Final Scores
a		
b		
c		
d		
e.		
f.		
Total Max. 24		

÷ 6 to determine rating

Performance Standard: 12. STRATEGIC PLANNING, FINANCIAL PLANNING AND EMD			
Expectation: **Displays competence in planning and education management development**			
Question: Does s/he administer the different management processes efficiently and effectively?			
CRITERIA: (a) Strategic planning; (b) Financial planning; (c) Project management; (d) Communication			
Levels of Performance	**Strengths**	**Recommendations for Development**	**Contextual factors**
1 **Unacceptable**			
(a) ▪ No evidence of strategic planning and EMD			
(b) ▪ No/little evidence of financial planning and budgeting.			
(c) ▪ No pre-planning/management of specific projects.			
(d) ▪ Does not consult with stakeholders on decisions that affect them.			
2 **Satisfies minimum expectations**			
(a) ▪ Has some evidence of EMD, and strategic planning.			
(b) ▪ Basic financial records are in order and some evidence of budgeting			
(c) ▪ Some evidence of attempt to plan and monitor specific projects.			
(d) ▪ Some communication with stakeholders takes place			
3 **Good**			
(a) ▪ Prepares strategic plans with the intention of achieving the school goals.			
(b) ▪ Maintains accurate and detailed financial records for financial planning, and accountability in terms of budget			
(c) ▪ Projects are planned, monitored and effectively managed			
(d) ▪ All stakeholders are fully consulted.			

4		**Outstanding**
(a)	▪	Goals and strategic plans are developed and updated with participation of stakeholders.
(b)	▪	Financial planning and budget are in line with the goals of the school, spending is carefully monitored and resources are used optimally.
(c)	▪	Introduces innovative ideas and projects which are prioritised in terms of goals, costs and educational needs, and closely manages all projects.
(d)	▪	Systematic stakeholder consultation through functioning structures and provides opportunities for meaningful participation.

Rating

Unacceptable = 1	Satisfies Minimum Expectations = 2	Good = 3	Outstanding = 4

Performance Standard 12

Criteria	Raw Scores	Final Scores
A		
B		
C		
D		
Total Max.16		

÷ 4 to determine rating

SECTION D
FORMS

EXEMPLAR A

COMPOSITE SCORE SHEET FOR USE IN PERFORMANCE MEASUREMENT FOR PAY PROGRESSION AND GRADE PROGRESSION FOR POST Level 1 EDUCATION THERAPISTS/SENIOR EDUCATION THERAPISTS (28 CRITERIA)

ED THERAPIST/SEN ED THERAPIST: _____

DATE: _____   PERSAL NUMBER : _____

SCHOOL :   _____

PERFORMANCE STANDARDS	MAX	SCORE
Creation of a positive therapeutic environment	16	
Knowledge of field of therapy and therapeutic/intervention programmes	16	
Planning of therapy session, preparation, and application.	16	
Learner assessment and development	16	
Professional development in field of work/career and participation in professional bodies	16	
Human Relations and contribution to school development	16	
Extra-Curricular & co-Curricular participation	16	
TOTAL SCORE	**112**	

THE ABOVE-MENTIONED EDUCATION THERAPIST/SENIOR EDUCATION THERAPIST''s SCORE has been/has not been ADJUSTED

COMMENTS/REASONS FOR ADJUSTMENT

To qualify for salary progression s/he needs to obtain: 56
           To qualify for grade progression s/he needs to obtain: 78

I agree/do not agree with the overall performance rating.

ED THERAPIST/SEN ED THERAPIST: _____   DATE: _____

DSG: _____   DATE: _____

PRINCIPAL: _____   DATE: _____

COMPOSITE SCORE SHEET FOR USE IN PERFORMANCE MEASUREMENT FOR PAY PROGRESSION AND GRADE PROGRESSION FOR POST LEVEL 2 EDUCATION SPECIALISTS (THERAPY AND PSYCHOLOGY (42 CRITERIA)

ED SPECIALIST: THERAPY AND PSCYCOLOGY:_ _____**DATE:**_____

PERSAL NUMBER : _____ **SCHOOL :** _____

PERFORMANCE STANDARDS	MAX	SCORE
Creation of a positive therapeutic environment	16	
Knowledge of field of therapy and therapeutic/intervention programmes	16	
Planning of therapy session, preparation, and application.	16	
Learner assessment and development	16	
Professional development in field of work/career and participation in professional bodies	16	
Human relations and contribution to school development	16	
Extra-Curricular & co-Curricular participation	16	
Administration of resources and records	16	
Personnel	16	
Decision making and accountability	16	
TOTAL SCORE	**168**	

THE ABOVE-MENTIONED EDUCATION SPECIALIST: THERAPY AND PSYCHOLOGY'S SCORE has been/has not been ADJUSTED

COMMENTS/REASONS FOR ADJUSTMENT

To qualify for salary progression s/he needs to obtain : 84
   To qualify for grade progression s/he needs to obtain : 118

I agree/do not agree with the overall performance rating.

EDUCATION SPECIALIST: _____ **DATE:** _____

DSG: _____ **DATE:** _____

PRINCIPAL: _____ **DATE:** _____

EXEMPLAR C

COMPOSITE SCORE SHEET FOR USE IN PERFORMANCE MEASUREMENT FOR PAY PROGRESSION AND GRADE PROGRESSION FOR POST LEVEL 3 & 4 SENIOR EDUCATION SPECIALISTS: THERAPY AND PSYCHOLOGY (52 CRITERIA)

SEN ED SPECIALISTS :_____   **DATE:**
_____

PERSAL NUMBER : _____   **SCHOOL:**
_____

PERFORMANCE STANDARDS	MAX	SCORE
Creation of a positive therapeutic environment	16	
Knowledge of field of therapy and therapeutic/intervention programmes	16	
Planning of therapy session, preparation, and application	16	
Learner assessment and development	16	
Professional development in field of work/career and participation in professional bodies	16	
Human relations and contribution to school development	16	
Extra-Curricular & co-Curricular participation	16	
Administration of resources and records	20	
Personnel	16	
Decision making and accountability	20	
Leadership, communication and servicing the Governing Body	24	
Strategic planning, financial planning and education management development	16	
TOTAL SCORE	**208**	

THE ABOVE-MENTIONED SEN ED SPECIALIST'S SCORE has been/has not been adjusted.

COMMENTS/REASONS FOR ADJUSTMENT

To qualify for salary progression s/he needs to obtain : 104
To qualify for grade progression s/he needs to obtain :   146

I agree/do not agree with the overall performance rating.

        SEN ED SPECIALIST: _____   **DATE:**
                           _____

DSG: _____   DATE:
       _____

        PRINCIPAL: _____   **DATE:**
                          _____