***Observation/Evidence Collection Form for Service Providers***

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| --- | --- |
| Service provider’s name | Program site |
| Service provider role (counselor, program facilitator, social worker, advisor/assessor, etc.) | Program type NEDP AHSCDP GED® ESL ABE Citizenship PIP   |
| Time and date of observation | Type of observation\*Formal Informal Review of Practice |
| ***Promoting a positive learning environment that is respectful and equitable**** **Rapport & Positive Interactions**
* **Respect for student diversity**
* **Environment is supportive of intellectual risk-taking**
* **High expectations for student learning**
 | Notes/observable evidence*(What did the service provider do? What did students do?)* |
| ***Implement academic, social/behavioral, therapeutic, crisis or consultative plans*** * **Precision of delivery**
* **Feedback to learner**
* **Adjustments to service delivery**
* **Maintenance of records\***
 | Notes/observable evidence*(What did the Service provider do? What did students do?)* |
| **Preliminary rating for Learning Environment**  \_\_\_Below Standard \_\_\_ Developing \_\_\_Proficient \_\_\_Exemplary*(see descriptions of each rating level in evaluation plan)* |
| **Preliminary rating for Service Delivery** \_\_\_Below Standard \_\_\_ Developing \_\_\_Proficient \_\_\_Exemplary *(see descriptions of each rating level in evaluation plan)* |
| **Holistic/overall rating** \_\_\_Below Standard \_\_\_ Developing \_\_\_Proficient \_\_\_Exemplary |
| Comments  |
| **Next steps** (required for Below Standard and Developing instructors) |
| Improvement goal |

Received by **service provider:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person completing evaluation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (printed name)

Complimentary evaluator? Yes No Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation received by **Program Director** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (initials) (date)