

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 |
| <p><i>Promoting a positive learning environment that is respectful and equitable</i></p> <ul style="list-style-type: none"> • Rapport & Positive Interactions • Respect for student diversity • Environment is supportive of intellectual risk-taking • High expectations for student learning | Notes/observable evidence <i>(What did the service provider do? What did students do?)</i> |

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?)

| | |
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| | |
|--|--|

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)