***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)