



## Staff Observation Sheet

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

FACILITY: \_\_\_\_\_

LOCATION: \_\_\_\_\_

NAME OF PERSON OBSERVED: \_\_\_\_\_

POSITION: \_\_\_\_\_

OBSERVED BY: \_\_\_\_\_

POSITION: \_\_\_\_\_

I. NARRATIVE: (Describe the activity/long term objective observed; what means of communication were used; what teaching strategies and reinforcers were used, and whether these were effective; what was consistent with client's age and ability and what was not; what the staff person has improved on and what he/she still needs to improve on compared to prior observations.)

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II. CHECKLIST:

	Yes	No	Discuss	Comments
A. Treats clients in positive manner.				
B. Addresses and responds to clients in an appropriate tone of voice.				
C. Acts as an appropriate role model for clients.				
D. Interacts with clients during work and leisure activities.				
E. Reinforces appropriate behaviors; does not reinforce inappropriate behaviors.				
F. Develops and implements activities which reflect clients' Individual Habilitation Plan.				
G. Records data promptly and consistently.				
H. Designs program schedule so that activities follow a logical sequence within day and from day to day.				

II. CHECKLIST (cont'd):

	Yes	No	Discuss	Comments
I. Ensures that program area is well-organized, clean, and safe.				
J. Cooperates with other staff to meet programs needs (participates in facility-wide activities, assists with client departure for buses, etc.)				
K. Uses suggestions and recommendations from supervisor.				
L. Attends inservices and meetings as scheduled.				
M. Attends work regularly.				
N. Arrives at work on time.				
O. Keeps accurate, up-to-date records.				
P. Completes assignments correctly and on time.				
Q. Leaves work area only with supervisor's approval and with group covered.				

III. EMPLOYEE GOALS:

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