

OBSERVATION EVALUATION FORM

DATE & TIME OF OBSERVATION _____

LOCATION OF OBSERVATION _____

APPLICANT NAME _____

OBSERVER NAME _____

1. How did the applicant interact with the children? Describe what was observed.
2. Was the applicant interested in the classroom activities?
3. What questions did applicant ask?
4. How did the children respond to the applicant?
5. Other observations and/or comments.

On a scale of 1 to 5 (1-poor and 5-very good) rate the applicant in overall ability to be a part of the program?

1 2 3 4 5

(Circle one)

Rev: 5/17/04