**Observation of the Practitioner Form**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Practitioner: |  | | | | | | |
| Program Name: |  | | | | | | |
| Name of Observer: |  | | | | | | |
| Date of Observation: |  | | | | | | |
| Time of Observation: | From |  | | | to |  | |
| Ages range of children in classroom: | | |  | Number of children | | |  |

Setting of the observation (playground, center time, free choice, small group activity, etc.)

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|  |

**Planning and Reflection:** *Practitioner Completes This Section*

1. Use the space below to describe how you have set up the area and materials to support children’s learning in at least two of the following areas:
2. Problem Solving and Thinking
3. Social and Emotional Development and Guidance
4. Language, Literacy, and Communication
5. Creative Expression
6. Physical Development
7. Health and Safety
8. Connections with Family or Community
9. What would you like the Observer to pay attention to or provide you with feedback about?

**Observation:** *Observer Completes This Section*

During the observation, the Observer completes a running record on a separate sheet with particular focus on the following:

* Reflection about the areas of focus identified by the Practitioner (part B above);
* Areas of strength; and
* Opportunities for growth

*With my signature below, I attest that I am not related by blood, partnership, or other legal relationship to the Practitioner, and I am not a relative of a child currently in the care of this Practitioner.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Observer Signature |  | Observer Printed Name |

**Post-Observation Review** *Observer and Practitioner Complete Together*

Following the observation, the Observer should share reflections about the areas listed above. Observer and Practitioner should use the space below to take notes about the conversation with particular focus on items the Practitioner wants to track for future reference:

**Reflection about the areas of focused identified by the Practitioner (part B above)**

**Areas of strength**

**Suggested areas for growth**

Sign below to indicate your agreement and understanding of the following:

* I verify this observation took place and this document was completed on the date listed on Page 1 of this document; and
* I understand the Practitioner is expected to keep a copy of this form and to submit it to the Fundamentals instructor (if applicable) or to Northern Lights when submitting a Level Certificate application.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Observer Signature |  | Observer Printed Name |
|  |  |  |
| Practitioner Signature |  | Practitioner Printed Name |

**Post-Observation Reflection** *Practitioner Completes This Section*

Use the space below to respond to the following questions:

1. What did you learn about yourself and your practice by participating in this observation?
2. Review the areas of strength – What surprised you? How will you use these strengths to continue to improve your practice?
3. Review the opportunities for growth – What is your plan for improvement? What professional development or other actions will you take to help improve these areas?

Be sure to update your Individual Professional Development Plan as appropriate.