

Jordan School District OT/PT Performance Appraisal System Preobservation Meeting Form

OT/PT to be observed: _____

Immediate Supervisor/Observer: _____

Date of Preobservation Meeting: _____

Date Observation will be done: _____ Time Observation will begin: _____

Anticipated Length of the Observation: _____ Location of Observation: _____

Brief description of the situation which will be observed, including the anticipated goals and/or objectives of the session.

Behaviors/skills/techniques which will be observed (the therapist and the immediate supervisor need to cooperatively identify these).

OT/PT's Signature: _____

Immediate Supervisor's Signature: _____

By signing this, we agree that the above information describes what will be observed. If the needs of a student require an alteration in the planned session, the therapist may request the observation be conducted at another time. A copy of this form must be given to the therapist. The original should be maintained by the immediate supervisor.