

Observation of Activity Leader

Name/Title of Staff Observed _____

Activity _____ Date _____ Time(From/To) _____

Name/Title of Supervisor _____

Rate the staff member according to the following criteria. Circle the "0" if the question addresses something that is not observed in the time of the observation or is not applicable to the specific activity/area observed. Circle "1" for a poor rating, "2" for an adequate performance, and "3" for excellent performance by the staff member. Make comments including encouragement, praise, suggestions for improvement, expectations, necessary corrections, etc.

1. Did the staff member orient the participants to the activity with clear instructions on procedures, equipment, safety, and behavioral expectations? Comments:	0 1 2 3
2. Did the staff member enforce general camp safety regulations, as well as those of the specific activity/area? Comments:	0 1 2 3
3. Were adequate instructions given in a clear and understandable manner--appropriate to the age and skill level of the participants? Comments:	0 1 2 3
4. Did the staff member monitor participants closely as they developed competency? Did the staff member continue to provide adequate supervision as the participants progressed in the activity? Comments:	0 1 2 3
5. Were any/all potential hazards identified and managed effectively by the staff member? Comments:	0 1 2 3
6. Were emergency procedures applied appropriately? Comments:	0 1 2 3
7. Does the staff member interact with the participants in an appropriate and respectful manner, focusing on the needs and interests of the participants? Comments:	0 1 2 3
8. Does the staff member use positive behavior management techniques according to the camp's written procedures? Comments:	0 1 2 3
9. Does the staff member's performance meet the expectations addressed in the job description and personnel policies? Comments:	0 1 2 3
10. At what level would you rate the staff person on the following attributes?	
maturity	0 1 2 3
proficiency in activity	0 1 2 3
enthusiasm cooperation with other staff	0 1 2 3
use/storage of equipment	0 1 2 3
assessing size/skill level of participants	0 1 2 3

Additional comments from the supervisor and comments from the staff member to be recorded on the back of this form or on an attached sheet of paper.

Signature of Supervisor/Date _____

Signature of Staff/Date _____

Approximate date of next observation _____