

Supervisor's Review of Work Evidence (Please use this form for Renewal)

(Note: For individuals at supervisory/management level, a peer reviewer is acceptable)

Employee Name and Role:	Observation Date:
Observer Name and Role:	Observation Location:

Supervisors have an important role in ensuring the quality of services being provided through their knowledge and support of each employee's skills in providing services for young children and their families. Please reflect upon this employee's skills through reviewing/observing the following within 6 months of the Initial Full or Renewal date:

Date(s) Observed	Item	Supervisory Review
	Formal Assessment using a state approved tool Tool used: _____ Brief narrative (optional):	<input type="checkbox"/> This individual demonstrates a high level of skill in this area <input type="checkbox"/> This individual demonstrates competency in this area <input type="checkbox"/> This individual is developing this skill.
	Eligibility Form within the One Plan Brief narrative (optional):	<input type="checkbox"/> This individual demonstrates a high level of skill in this area <input type="checkbox"/> This individual demonstrates competency in this area <input type="checkbox"/> This individual is developing this skill.
	One Plan	<input type="checkbox"/> This individual demonstrates a high level of skill in this area

	Brief narrative (optional):	<input type="checkbox"/> This individual demonstrates competency in this area <input type="checkbox"/> This individual is developing this skill.
	Transition Plan Brief narrative (optional):	<input type="checkbox"/> This individual demonstrates a high level of skill in this area <input type="checkbox"/> This individual demonstrates competency in this area <input type="checkbox"/> This individual is developing this skill.
	Case Notes Brief narrative (optional):	<input type="checkbox"/> This individual demonstrates a high level of skill in this area <input type="checkbox"/> This individual demonstrates competency in this area <input type="checkbox"/> This individual is developing this skill.
	Direct Services with child(ren) and their family/families Brief narrative (optional):	<input type="checkbox"/> This individual demonstrates a high level of skill in this area <input type="checkbox"/> This individual demonstrates competency in this area <input type="checkbox"/> This individual is developing this skill.
	Supervisor's Review of Applicant's Individual Professional Development Plan (IPDP), connected to the DEC Standards.	<p>This person's IPDP goals are connected to the following DEC Standards (found in Appendix A and E):</p> <input type="checkbox"/> Child Development and Early Learning <input type="checkbox"/> Partnering with Families <input type="checkbox"/> Collaboration and Teaming <input type="checkbox"/> Assessment Processes <input type="checkbox"/> Application of Curriculum Frameworks in the Planning of Meaningful Learning Experience <input type="checkbox"/> Using Responsive and Reciprocal Interactions, Interventions, and Instruction <input type="checkbox"/> Professional and Ethical Practice

Observation Follow up: (please note if any developing skills are addressed in this person's IPDP)

Employee Signature and Date

Supervisor Signature and Date

Based upon the ECTA Observation Checklists at:

<https://ectacenter.org/decrp/type-checklists.asp>