# **Request for Observation Form**

# **-Infant/Toddler Practicum Placements-**

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| Name: |  | Observation date: |  |

*Directions: Complete this and send to your university supervisor at least 24 hours prior to the pre-observation meeting.*

1. Requested time of observation:

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1. Provide a short description of the session and activities you will be facilitating. Attach detailed corresponding intervention/session plan(s).

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1. How have you considered the child or family IFSP outcomes during the time you will be observed? (i.e., What IFSP outcomes will you be focusing on? How is the child/family currently functioning on those outcomes?)

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1. What professional skills would you like the observation to focus on? (e.g., what items from the contract checklist are your focus)?

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1. What type of data and feedback do you want (related to item 4)?

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