Community-Based Instruction Observation/Evaluation Form

Date: _____ Learner: _____

Location: _____ Time Left for CBI: _____ Time Returned from CBI: _____

Goal(s) targeted in the context of CBI:

_____

_____

Staff Observed: _____

OBSERVATION

Were data correctly and accurately collected by staff? ☐ YES ☐ NO

If "NO," please explain: _____

Was prompting implemented correctly by staff? ☐ YES ☐ NO

If "NO," please explain: _____

Was an appropriate distance maintained between staff and the learner? ☐ YES ☐ NO

If "NO," please explain: _____

Was the learner allowed to demonstrate independence? ☐ YES ☐ NO

If "NO," please explain: _____

Was there opportunity for community interaction during CBI? ☐ YES ☐ NO

If "NO," please explain: _____

Is this CBI goal implemented often enough to promote acquisition? ☐ YES ☐ NO

If "NO," please explain: _____

GENERAL COMMENTS/RECOMMENDATIONS

Comments:

_____

_____

Recommendations:

_____

_____

_____ _____

Evaluator Name and Signature Date

_____ _____

Staff Name and Signature Date