

**Observed Name:** **Observer Name:** **Date:**

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| --- | --- | --- | --- | --- |
| **Steps of Implementation** | **Yes** | **No** | **N/A** | **Notes** |
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**Total Yes’** \_\_\_\_\_\_\_\_\_ divided by **Total Possible** \_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_**% Treatment Fidelity**

|  |  |
| --- | --- |
| **Positive Feedback** | **Corrective Feedback** |
|  |  |
|  |  |
|  |  |
|  |  |

**Plan for Further Training to Meet Mastery Criteria of \_\_\_\_\_\_\_\_\_\_\_%:**

* **Met mastery criteria and is ready to implement skill independently**
* **Next training date and time will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Observed Signature/Date Observer Signature/Date**

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