**Name of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_**

**Title of Competency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Competency \_\_) \_\_\_\_\_-\_\_\_\_\_**

|  |
| --- |
| Observation Checklist |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In the spaces provided, check off each behavior that the candidate demonstrates. | Names of Candidates | | | | |
| OBSERVABLE ELEMENTS  Examiner:  Date: |  |  |  |  |  |
|  | **Yes No** | **Yes No** | **Yes No** | **Yes No** | **Yes No** |
| The candidate respected… (Pass/Fail Condition) | 🞏 🞏 | 🞏 🞏 | 🞏 🞏 | 🞏 🞏 | 🞏 🞏 |
| **Step/Task 1:** | **Yes No** | **Yes No** | **Yes No** | **Yes No** | **Yes No** |
| **1.** |  |  |  |  |  |
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| Tolerance: |  |  |  |  |  |
| **2.** |  |  |  |  |  |
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| **Step/Task 2:** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| 3.1 | 🞏 🞏 | 🞏 🞏 | 🞏 🞏 | 🞏 🞏 | 🞏 🞏 |
| **4.** |  |  |  |  |  |
| 4.1 | 🞏 🞏 | 🞏 🞏 | 🞏 🞏 | 🞏 🞏 | 🞏 🞏 |

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| --- | --- | --- | --- | --- | --- |
| In the spaces provided, check off each behavior that the candidate demonstrates. | Names of Candidates | | | | |
| OBSERVABLE ELEMENTS  Examiner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **5.** | **Yes No** | **Yes No** | **Yes No** | **Yes No** | **Yes No** |
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| 5.2 |  |  |  |  |  |
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| Tolerance: |  |  |  |  |  |
| **6.** |  |  |  |  |  |
| 6.1 |  |  |  |  |  |
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| **7.** |  |  |  |  |  |
| 7.1 | 🞏 🞏 | 🞏 🞏 | 🞏 🞏 | 🞏 🞏 | 🞏 🞏 |

**Note to the Examiner:** Record the results on each candidate’s *Evaluation Form.*