

Cover Sheet: Description of Activity

Program Location:	Observer:	Staff	
Date (MM/DD/YR):	Start Time:	End Time:	Grade Level ()
ACTIVITY NAME & OVERVIEW (1-2 sentence description)			
Learning Objective(s):		Students will be able to...	
ACTIVITY TYPE (check all that apply)			
Academic Enrichment	<input type="checkbox"/>	Youth Development	<input type="checkbox"/>
Tutoring/mentoring	<input type="checkbox"/>	Structured Physical Activity	<input type="checkbox"/>
Drug and Violence Prevention	<input type="checkbox"/>	Skill Practice or Reinforcement	<input type="checkbox"/>
Story Reading/Listening	<input type="checkbox"/>	Skill Building	<input type="checkbox"/>
			Community Service
			College/ Career Prep
			Cultural Awareness
			Clubs/Programs
			STEM/STEAM

Youth Participation and Engagement	Exemplar is highly evident and consistent	Exemplar is moderately evident, or implicit ²	Exemplar is not evident
Are friendly and relaxed with one another.			
Respect one another.			
Show positive affect to staff.			
Are collaborative.			
Are on task.			

Listen actively and attentively to peers and staff.

Contribute opinions, ideas, and/or concerns to discussions.

Make meaningful choices when given th

Strengths and/or areas in need of improvement:

Activity Leader/Instructional

