



Return to Sue Chance

### Instructor Feedback

Student name \_\_\_\_\_

Sending District \_\_\_\_\_

Program visited/Instructor \_\_\_\_\_

Date \_\_\_\_\_

Observed behavior	Yes	No
Completed task		
Cooperated during task		
Unsatisfactory behaviors		
Followed directions		

**Additional Comments:**

Observations	Good	Fair	Poor
Quality work			
Rate of work			
Time on task			

**Additional comments:**