

Performance Rating by Preceptor: Observation of Team Meeting in Early Intervention or Special Education in an Elementary, Middle, or High School

Preceptor's Name: _____

Resident's Name: _____

Name of Program: _____

Date of Visit: _____

The Resident:

1. Understood the need to ask about the parent's concerns regarding their child. Yes No
2. Asked about the strengths and positive aspects of the child's and family's lives during or after the team meeting. Yes No
3. Understood how transdisciplinary teams function within early intervention/elementary school settings. Yes No NA
4. Appreciated the challenges involved in successful team communication. Yes No
5. Expressed interest in learning about the impact of medical or health care needs on the child's participation in early intervention or school activities. Yes No
6. Demonstrated appropriate professional behavior. Yes No
7. Actively listened. Yes No
8. Communicated clearly, avoided the use of jargon or medical terms, or explained them. Yes No
9. Appeared well prepared for this observation. Yes No
10. Demonstrated positive communication behaviors. Yes No
11. Did the resident arrive/depart at the scheduled time?
If no, please explain. Yes No

The Visit:

12. Overall, were you satisfied with this experience? Yes No

13. Would you be willing to host another resident? Yes No
14. Were you satisfied with the format of this visit for the Children with Disabilities Rotation? Yes No
15. Did you have any difficulties during this experience?
If yes, please describe. Yes No

Please return this form to:
Physicians Training Project Coordinator
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