

## Performance Rating by Preceptor: Observation of an Individual Assessment or Intervention

Preceptor's Name: \_\_\_\_\_

Resident's Name: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

### The Resident:

1. Inquired about the assessment/intervention process, how it would be used and why.  Yes  No
2. Understood the importance of parent involvement during the assessment/intervention process.  Yes  No
3. Understood about the professional's role (e.g., PT, SPL, teacher) with children as a result of this observation.  Yes  No
4. Was able to gain information about each person's role that participated in the assessment/intervention process.  Yes  No
5. Demonstrated appreciation for the child's strengths and interests and an understanding of how they can be incorporated into the assessment/intervention process.  Yes  No
6. Understood the importance of the integrated service delivery model for children with disabilities or special health care needs.  Yes  No
7. Was able to describe ways that a physician may be helpful to the child and the team during the assessment/intervention.  Yes  No
8. Demonstrated appropriate professional behavior.  Yes  No
9. Actively listened.  Yes  No
10. Communicated clearly, avoided using jargon or medical terms, or explained them.  Yes  No
11. Appeared well prepared for this observation.  Yes  No
12. Did the resident arrive/depart on time?  
If no, please explain.  Yes  No

**The Visit:**

13. Overall, were you satisfied with this experience?  Yes  No
14. Did you discover ways in which a physician can contribute to the assessment/intervention process?  Yes  No
15. Would you be willing to host another resident?  Yes  No
16. Did you have any difficulties during this experience?  
If yes, please describe.  Yes  No

Please return this form to:  
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