

Cover Sheet: Description of Activity

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

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

