Staff Observation Checklist: Community Outing:

Individual’s Name: ____________________________________________________________

Date/Time ________________________________________________________________

Location and type of activity: ________________________________________________

Who accompanied:

Other individuals Yes____ No _____  # of individuals ________  # of staff ________

Check all that apply:

_____ displayed appropriate behavior       _____ displayed anger/aggression

_____ attempted to avoid supervision       _____ approaching children/teens

_____ staring/gawking at adults           _____ staring/gawking at children/teens

_____ rubbing against staff or others    _____ following/stalking children/teens

_____ approaching strangers              _____ rubbing against children/teens

_____ making sexual comments about adults _____ sexual comments to/about children

_____ touching genitals or masturbatory behavior

_____ other concerning behaviors _________________________________

Did outing end early, if so, why? ____________________________________________

__________________________________________________________________________

__________________________________________________________________________

General feedback on individual’s behavior while on outing, including positive behavior:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Staff Signature ________________________________

Date/time completed: ________________________________

3/2013