

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: _____

