

Chariton Valley Association
Positive/Negative Interactions Observation Form (Revised 10/1/2019)

10 Minute Observation		Positive Interactions (Provide praise/reinforcement for each positive)		Negative Interactions (Redirect/model appropriate behavior for each negative)
Date: _____		Staff greets individual within 1 minute of entering the program or 15 seconds of individual entering the room.		Staff does not greet individual quickly or ignores individual's presence in the room.
Start Time: _____		Staff praises individual for a positive behavior or accomplishment.		Staff corrects or attempts to correct the individual.
Program: _____		Staff shows interest in what the individual is talking about or interested in.		Staff is focused on tasks other than interacting with the individual.
Staff: _____		Staff shows encouragement to individual.		Staff said "No", "Don't", or "Stop" to the individual.
Individual(s): _____ _____ _____		Staff shows empathy to individual. (i.e. "You seem so excited!", "I can tell you are upset right now.", "I understand why that would make you mad.", etc.)		Staff lectures the individual. (i.e. "I told you...", "This is what happens when...", "You shouldn't do that because...", etc.)
Observer: _____		Staff asks individual open ended questions.		Staff takes something away from the individual.*
		Staff asks individual about his/her plans for that day/shift/weekend etc.		Staff threatens individual.** (i.e. Verbal threats-"If you don't stop, I'm going to...", "Do I need to call your guardian?", etc. Physical Threats- Raising hand to individual, etc.)
		Staff remains calm, speaks kindly, and matches his/her tone of voice to the situation.		Staff uses sarcasm with the individual. (i.e. Staff stating "Well that was a smart move." When the individual makes a mistake.)
		Staff uses appropriate touch. (i.e. high fives, pat on back, fist bump, etc.)		Staff uses force or inappropriate touch with the individual.**
		Other Positive Interactions		Other Negative Interactions
(Write any other positive or negative interactions you observed that do not fit in the specific behaviors listed above.)				
		←Total Positive Interactions		←Total Negative Interactions

Quality Program Weekend Review Form

Program:	Date/Time:
Staff Working:	Reporter's Name:

Ask Staff the following questions. Record “yes” if staff is able to answer accurately and “no” if they are unable to answer questions correctly. Provides comments below as applicable. Also complete the staff behavior portion.

If review is on a Night Shift during remote monitoring skip to # 7. If staff are on a sleep shift answer questions 1-3 and 6. (Do not complete the staff behavior portion)

1. What are the emergency procedures for this home (Fire, Earthquake, Tornado, and Gas)? (Comments) _____

2. Where are the fire extinguishers kept? _____

3. Where are the emergency medical supplies kept? (Staff should point to Spill Kit and First Aid Kit) (Comments) _____

4. Tell me the goals from the individuals(s)' plan. Which of these objectives are you working on this shift? (Comments) _____

5. What plans do you have with the individual this weekend? (Comments) _____

6. Describe the setting when you arrived including what staff and individual were doing when you came in and overall condition and cleanliness of the home. (Is the home clutter free? Is everything in the home in working order? If repairs are needed, please list the specific repairs. Use additional paper if necessary.) _____

7. If remote monitoring is used in the home do the following:

A) Enter home which will set off the alarm.

B) Record what happens and time until call is received from Night Owl.

Notes: _____