Virtual Observation Report

Logistics
Please fill in the information below.

Program Name: ____________________________  Observation Date: ________________
Program Sponsor: ________________________  UYP Rep: ________________________
Software used by Program: ________________  On-Site Contact: ________________

Check-In Process for visit:

Required Documentation
Please indicate if the following documents are on site and easily accessible. The documents are all required under Texas A&M University Rule 24.01.06.M1.

| Liability Waivers Accessibility (Section 6.6.1) | Y | N |
| Terms of Use Forms Accessibility | Y | N |
| CPT Certificates Accessibility (Section 4.1.3) | Y | N |
| TDSHS Form submitted prior to camp (Section 4.1.1) | Y | N |

Notes:

Verified that the following were background checked:

| Background Check Verifications Accessibility (Section 3.1) | Y | N |

Program Operations

Supervision ratio observed (Section 6.2): ________________________________

Frequency/time frame of CPM: ________________________________

Age range of participants: ________________________________

When does staff receive emergency protocol training?

How does staff communicate emergency protocol? What is the protocol (Section 6.4)?
Virtual Observation Report

Risk Management

Virtual privacy restrictions in place:

Identification among staff, counselors, and participants:

Event SCOT Analysis

Strengths of the Event

Challenges of the Event:

Opportunities for Future Events
Virtual Observation Report

Activities Observed During Observation:

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Add’l Notes from Observation