



High Plains Regional Education Cooperative

Related Services Personnel Observation and Conference Record

Name:

Position:

If observing therapy, please attach IEP for the student(s) who will be observed. Highlight the specific goal(s) and/or objectives that you will targeting.

If observing a meeting, please attach report or other documents that you will be reviewing during the meeting.

Date and time of observation:

Location of observation:

Materials to be used:

Activities planned for the session:

Focus/objective of the session:

Areas that you would like specific feedback:

Provider's Signature: _____ Date: _____