



Program Observation Form

Candidate's Name: Name

E-mail: Email

Instructions: Complete this form when observing a program(s). Three hours of program observation **must** be completed for the MI-YDA Credential. This form used during the observation and used as a reference when completing the online section in your Dashboard.

Organization Information

Name of organization being observed: Organization

Date of Observation: Choose Date Begin Time: Begin End Time: End

Total time spent observing: Total Time (minimum one hour)

Name of activity being observed: Activity

Activity Leader Being Observed

Name: Leader's Name

Position/Title: Position/Title

E-mail: Leader's Email

Telephone: Phone

Number Staff participants: Staff

Number of Youth Participants: Youth

Observation Questions

What does the environment/space look like?

Click or tap here to enter text.

How does it 'feel'?

Click or tap here to enter text.

1. Give a detailed example of an interaction you saw between:

a. Staff and youth

Click or tap here to enter text.

b. Youth and youth

Click or tap here to enter text.

c. Staff and staff

Click or tap here to enter text.

2. Describe youth engagement.
 - a. How are youth involved in decision-making?
Click or tap here to enter text.
 - b. Give an example of choices the youth could make.
Click or tap here to enter text.
3. Describe how the transition between activities was handled.
Click or tap here to enter text.
4. How do youth and staff handle questions, concerns, and conflicts?
Click or tap here to enter text.
5. What did you observe that worked well?
Click or tap here to enter text.
6. What did you observe that you might have done differently? Why?
Click or tap here to enter text.

By signing this form, you certify that the content of this form is accurate.

Candidate's Signature: Type full name to certify sign this form

Date: Choose Date