

Performance Rating by Preceptor: Special Education Program Visit Elementary School

Preceptor's Name: _____

Resident's Name: _____

Name of School: _____

Date of Visit: _____

The Resident:

1. Asked appropriate questions about inclusive education practices and the implications of the least restrictive environment. Yes No
2. Was interested in learning about the assessment process and how an IEP is developed and implemented. Yes No
3. Asked questions appropriate questions about curriculum adaptations which would promote student success. Yes No
4. Asked appropriate questions about related services and how they are provided. Yes No
5. Was interested in learning about assistive technology and its application to the students observed. Yes No
6. Appeared to understand the importance of social experiences within peer groups. Yes No
7. Was interested in discussing the challenges of educational programming for these students. Yes No
8. Asked appropriate questions about the medical needs of the children in the class. Yes No
9. Demonstrated appropriate professional behavior. Yes No
10. Actively listened. Yes No
11. Communicated clearly, avoided using jargon or medical terms, or explained them. Yes No
12. Appeared well prepared for this observation. Yes No
13. Did the resident arrive/depart on time?
If no, please explain. Yes No

The Visit:

14. Overall, were you satisfied with this experience? Yes No

15. Would you be willing to host another resident? Yes No
16. Did you have any difficulties during this experience?
If yes, please describe. Yes No

Please return this form to:
Physicians Training Project Coordinator
University of Connecticut
A.J. Papanikou Center for Excellence
in Developmental Disabilities
263 Farmington Ave., MC 6222
Farmington, CT 06030
Fax: (860) 679-1571