

UNIT OBSERVATION FORM FOR STRUCTURED TIME

Date Unit Observed:	Length of Observation:
Number of Staff Observed:	Estimated Number of Participants present:
Observation Location:	

The following items should be assessed for staff overseeing a unit in a correctional facility/program. For each item on this form, decide if the staff member(s) are “very satisfactory” (2)—there are no recommendations for improvement in this area, “satisfactory” (1)— item was met, but there is some room for improvement, or “needs improvement” (0)—coaching/direction is needed. Where there are more than one staff, code an overall estimate of how well that item was met during the full period of observation. You may note in the comments section where there are discrepancies among staff. Depending on the length of the observation, the coder may not have an opportunity to observe all items. Code as N/A if an item was not observed.

ITEMS	Very Satisfactory=2 Satisfactory=1 Needs Improvement=0 Not Applicable=N/A
A. UNIT STRUCTURE/FORMAT	COMMENTS
1. The unit schedule is being followed (the unit schedule should be posted or participants/staff should receive a copy of the schedule)	
2. The unit appears organized and well managed (e.g. noise level is appropriate, participants are where they are supposed to be, environment not chaotic)	
3. Staff are visible on the unit, and are interacting with Clients	
4. Clients are involved in treatment or structured leisure activities according to the schedule	
5. Client movement appears to be monitored appropriately	

UNIT OBSERVATION NOTES:

Evaluator Name/Title _____

Evaluator Signature: _____

Review Date: _____