

**VPK – IMPROVEMENT PLAN
STAFF FEEDBACK FROM OBSERVATIONS**



Center Name: _____

Director Name: _____ **Date:** _____

Staff Name: _____ **Position:** _____

DATE OF OBSERVATION	OBSERVATION TOOL COMPLETED	OBSERVERS NAME	POSITION
	<input type="checkbox"/>		
	<input type="checkbox"/>		

DISCUSSED	ITEMS TO ADDRESS/REFLECT UPON	NOTES
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

TIME FRAME FOR COMPLETION		GOALS AND/OR SUGGESTED TRAININGS	NOTES
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

ADDITIONAL COMMENTS: