

# Cobb County School District

## Cobb Keys School Social Worker Observation Form

### I. IDENTIFICATION

SSW's Name \_\_\_\_\_

School \_\_\_\_\_

Evaluator \_\_\_\_\_

Date Observed \_\_\_\_\_

Announced \_\_\_\_\_

Unannounced \_\_\_\_\_

Activity Observed \_\_\_\_\_

Location \_\_\_\_\_

Start Time \_\_\_\_\_

End Time \_\_\_\_\_

### II. OBSERVATION

**Social Worker Services:** *The SSW creates a safe, productive, collaborative and inviting environment that fosters a sense of personal responsibility to ensure that students maximize academic progress.*

1. The SSW provides opportunities for students to take responsibility for their own behavior and progress.	N/A	Yes	No
2. The SSW maximizes conference/consultation time.	N/A	Yes	No
3. The SSW responds appropriately to stressful and/or disciplinary situations when they occur.	N/A	Yes	No
4. The SSW recognizes individual student/parent differences.	N/A	Yes	No
5. The SSW challenges students to exceed.	N/A	Yes	No
6. The SSW provides appropriate responses to student/parent/staff questions.		Yes	No
7. The students/parents are actively engaged throughout the session.	N/A	Yes	No
8. The SSW arranges, utilizes and provides resources readily accessible during sessions.	N/A	Yes	No
9. The SSW monitors and provides feedback for student's progress.	N/A	Yes	No
10. The SSW communicates effectively.		Yes	No
11. The SSW uses activities that are student-centered and developmentally appropriate.	N/A	Yes	No
12. The SSW modifies interventions, as needed.	N/A	Yes	No
13. The SSW displays knowledge of a variety of issues, interventions and appropriate strategies.		Yes	No
14. The SSW consistently demonstrates high expectations for all students.	N/A	Yes	No
15. The SSW recognizes outside barriers that may influence student behavior and performance.	N/A	Yes	No
16. The SSW displays knowledge, creativity and flexibility.		Yes	No
17. The SSW summarizes objectives/interventions.	N/A	Yes	No

### III. COMMENTS

### V. SIGNATURE

Evaluator \_\_\_\_\_

Date \_\_\_\_\_

Position \_\_\_\_\_

SSW \_\_\_\_\_

Date \_\_\_\_\_

*Receipt acknowledged. Signature does not indicate agreement or disagreement.  
SSW gets a copy after signatures; retain original and submit with SSW Performance Report.*