

Youth PQA observation guide

INFORMATION TO GATHER BEFORE YOUR OBSERVATION:

Network Lead Name:

Network Lead Phone Number:

Site Lead Name:

Site Lead Phone Number:

Date of Observation:

Address of Site:

Name of Offering to be Observed:

Time of Observation:

From: _____ To: _____

Additional Notes:

PROGRAM INFORMATION (self and external)

Organization Name :

Site/ Program Name:

Name(s) of program offering(s) observed:

Name of staff member(s) observed:

Brief description of program offering:

Staff:Youth ratio in program offering(s):

Age(s) of youth in observed offering(s):

Type of program/activities observed (Circle all that apply):

- | | | | | |
|--|---|--|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Homework Help | <input type="checkbox"/> Drop-in | <input type="checkbox"/> Faith-based |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Visual Art | <input type="checkbox"/> Dance | <input type="checkbox"/> Drama | <input type="checkbox"/> Math |
| <input type="checkbox"/> Life skills development | <input type="checkbox"/> Outreach | <input type="checkbox"/> Prevention | <input type="checkbox"/> Sports | <input type="checkbox"/> Science |
| <input type="checkbox"/> Leadership development | <input type="checkbox"/> Service learning | <input type="checkbox"/> Other: _____ | | |

Type of organization (Check not more than 2):

- A nationally affiliated nonprofit (e.g., YMCA, Boys & Girls Club, Camp Fire USA, Scouts, Future Farmers of America)
- Local nonprofit (e.g., local community-based or faith-based organization)
- Local school organization (e.g., public, charter, private school)
- Unit of city or county government (e.g., Department of Recreation, Health Bureau)
- State government
- Local for-profit organization (e.g., bowling alley)
- Other _____

STAFF INFORMATION (external only)

How many years have you worked in programs like this one?

How many years have you worked in this program?

Are you a certified school-day teacher?

Are you a certified social worker?

Which youth development framework training(s) have you had? (Check all that apply)

- Search Assets
- Advancing Youth Development
- Bringing Yourself to Work
- David P. Weikart Center for Youth Program Quality
- HighScope

What is the highest level of education that you have completed? (Check only one)

- | | | |
|--|---|--|
| <input type="checkbox"/> GED | <input type="checkbox"/> High school diploma | <input type="checkbox"/> Some College but no degree yet/
Associate's Degree |
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Graduate program but no degree yet | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Doctorate | <input type="checkbox"/> Other professional degree after BA | <input type="checkbox"/> None of the above |

I. SAFE ENVIRONMENT

Emotional Safety

1. Positive emotional climate
2. Lack of bias

Healthy Environment

1. Free of health and safety hazards
2. Clean and sanitary
3. Adequate ventilation and lighting
4. Comfortable temperature

Emergency Preparedness

1. Posted emergency procedures
Where are the emergency procedures posted?
2. Accessible fire extinguisher
Is there an accessible fire extinguisher?
3. Visible first-aid kit
Is there an accessible first aid kit?
4. Appropriate safety equipment
Does the site have any special safety or emergency equipment?
5. Supervised indoor entrances
Are entrances to the indoor program space supervised?
6. Supervised access to outdoors
Is access to the outdoor program space supervised?

Accommodating Environment

1. Sufficient Space
2. Suitable Space
3. Enough comfortable furniture
4. Flexible physical environment

Nourishment

1. Available drinking water
2. Plentiful food and drinks
3. Nutritious food and drink

II. SUPPORTIVE ENVIRONMENT

Warm Welcome

1. Youth greeted
2. Staff warm and respectful
3. Positive staff body language

Session Flow

1. Starts and ends on time
Scheduled starting time: _____
Actual starting time: _____
Scheduled end time: _____
Actual end time: _____
2. Materials ready
3. Sufficient materials

4. Explains activities clearly
5. Appropriate time for activities

II. SUPPORTIVE ENVIRONMENT (continued)

Active Engagement

1. Youth engage with materials or ideas
2. Youth talk about activities
3. (Y) Balance concrete and abstract
4. (Y) Tangible products or performances

Skill-Building

1. Learning Focus linked to activity
2. Staff encourages youth to try skills
3. Staff models skills
4. Staff breaks down tasks
5. Support for struggling youth

Encouragement

1. Staff uses non-evaluative language
2. Staff asks open-ended questions
3. (Y) Staff actively involved

Reframing Conflict

1. (Y) Staff approaches calmly
2. (Y) Staff seeks youth input
3. (Y) Youth examine actions and consequences
4. (Y) Staff acknowledges and follows up

III. INTERACTION

Belonging

1. Opportunities for youth to get to know each other
2. Inclusive relationships
3. Youth identify with program
4. (Y) Public acknowledgement of achievements

Collaboration

1. (Y) Opportunities to work cooperatively
2. (Y) Interdependent roles
3. (Y) Shared goals

Leadership

1. (Y) Practice group process skills
2. (Y) Mentoring opportunities
3. (Y) All youth lead group

Adult Partners

1. (Y) Staff shares control with youth
2. (Y) Expectations explained

IV. ENGAGEMENT

Planning

1. (Y) Opportunities to make plans
2. Multiple planning strategies used

Choice

1. (Y) Content choices
2. (Y) Process alternatives

Reflection

1. Intentional reflection
2. Multiple reflection strategies
3. Structured opportunities to provide feedback
4. (Y) Structured opportunities to present to a group

In the course of the program offering, do youth make presentations?

OTHER NOTES