

AOCS Evaluation

Specialist Name:

Date:

Overall Evaluation

Meets Standards

Needs Improvement

- | | | |
|--|------------|-----------|
| 1. Did the specialist find the correct child or children UNSAFE? | YES | NO |
| 2. Did the specialist identify the correct PRFC(s) associated with the identified safety threat? | YES | NO |
| 3. Did the specialist clearly articulate the unsafe behavior? | YES | NO |

(All 3 must be YES for a Meets Standards)

Feedback on the AOCS:

Grader Name:

Grader Signature: