

OBSERVATION FORM



40 Hour Observation Required at Preservice 8 Hour Observation Required for Change in Verification

The applicant(s) has/have chosen to accept Basic and Moderate children only and therefore the 40 Hours Observation is **WAIVED**. Therapeutic Family Life will re-evaluate the family's verification after 6 months of fostering children if the family wishes to accept SPE or INT children.

The applicant(s) has/have a **minimum of ONE YEAR** relevant experience to the population that the caregiver would serve, such as children with Primary Medical Needs, Pervasive Developmental Disorders, Intellectual Disabilities, Emotional Disorders, and Physical Disabilities.

Relevant Experience:

The applicant(s) has/have observed the daily interaction in the Foster/Adoptive Home of _____
The Foster/Adoptive Parents provided _____ hours of Pre-Service observation opportunity on the following dates:

The applicant(s) has/have chosen to take the Treatment Services children and have observed 8 Hours of daily interaction in the Foster/Adoptive Home of _____. The Foster/Adoptive parents provided _____ hours of Pre-Service observation opportunity on the following dates (*If observing in a hospital setting, please attach medical report/recommendation from the physician*):

Foster/Adoptive Parent Comments:

Any further requirements recommended by CPMS:

Foster/Parent Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

TFL Representative: _____

Date: _____