

**Region 10 PrEP Counselor Program Observation Form**

Candidate Name: \_\_\_\_\_ Date of Observation \_\_\_\_\_

Time observed: \_\_\_\_\_ to \_\_\_\_\_

Signature of Counselor/ Event Supervisor: \_\_\_\_\_

Type of Observation: Elementary Counselor (3)/ Middle School Counselor (3)/ High School Counselor (3)/ Counselor at Desired Level (3)/ Special Olympics Event/ TAKS Coordinator/ Awards Ceremony/ Graduation/ College Career Fair /Other Counselor Directed Event-3 Events Required

Summary of Specific Activity Observed:

Reaction to Event:

Candidate Signature: \_\_\_\_\_