

Ionia County ISD Early Intervention
Co-Visit Observation Form

PSP: _____ Team Member: _____ Date: _____

Family: _____ Area of Focus: _____

What is the child doing/saying?	What is the parent doing/saying	What is the PSP doing/saying

What do you wonder about?

What strategies/approaches seemed to be effective?

What suggestions/ideas do you have?

What do you want to remember for your own learning?

Did you debrief with the PSP you observed, if yes what learning came from reflecting together.