**CTSI Professional Competency Framework**

**Observation Report Form**

Candidate Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Candidate Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Portfolio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Observation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name

Select what is relevant for the portfolio (if applicable):

|  |  |  |  |
| --- | --- | --- | --- |
| Task A |  | Task C |  |
| Task B |  | Task D |  |

**Observation Details:**

**I agree that the above notes are a true evidential record of my performance during this observation**:

Candidate Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Candidate Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assessor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

*Continuation sheet Observation details*