OIPS Simulation Observation Form

Please Print

NAME: __________________________________________ DATE / TIME: _______________________

DEPARTMENT/SCHOOL: _________________ BLAZER ID (If applicable): _______________________

SIMULATION NAME: _________________________________________________

LOCATION (Center/In Situ): _________________________________________________

COURSE DIRECTOR / DEBRIEFER: ____________________________________________

What did you observe that went well?

What did you observe that could be improved?

Other thoughts you would like to share after your observation.

__________________________
COURSE DIRECTOR / DEBRIEFER 
SIGNATURE