

FVTDC Supervised Visit



Handler's Name _____
 Dog's Name _____ Visit # _____ of 3
 Facility _____ Date _____
 Supervisor _____

Observations - HANDLER (/ any that apply)	Observations - DOG (/ any that apply)
HANDLER'S OVERALL Demeanor <input type="checkbox"/> calm <input type="checkbox"/> nervous <input type="checkbox"/> anxious <input type="checkbox"/> timid comments/other _____ _____	REACTION TO CLIENTS? <input type="checkbox"/> tentative <input type="checkbox"/> excited <input type="checkbox"/> calm <input type="checkbox"/> licks <input type="checkbox"/> jumps <input type="checkbox"/> pulls <input type="checkbox"/> barks comments/other _____ _____
INTERACTS WITH OTHER HANDLERS/DOGS? <input type="checkbox"/> keeps dog at appropriate distance <input type="checkbox"/> is in control of dog comments _____ _____	REACTION TO OTHER DOGS & HANDLERS? <input type="checkbox"/> tentative <input type="checkbox"/> excited <input type="checkbox"/> calm <input type="checkbox"/> jumps <input type="checkbox"/> pulls <input type="checkbox"/> barks <input type="checkbox"/> aggressive comments/other _____ _____
INTERACTS WITH CLIENTS? <input type="checkbox"/> engages clients easily <input type="checkbox"/> listens <input type="checkbox"/> appropriate conversation topics comments _____ _____	REACTION TO SURROUNDINGS? <input type="checkbox"/> tentative <input type="checkbox"/> excited <input type="checkbox"/> indifferent <input type="checkbox"/> calm comments/other _____ _____
PROVIDES GUIDANCE TO HIS/HER DOG? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> sometimes <input type="checkbox"/> none needed comments _____ _____	DOES THE DOG RESPOND TO COMMANDS? <input type="checkbox"/> immediate <input type="checkbox"/> sporadic <input type="checkbox"/> ignores comments/other _____ _____
CORRECTS DOG'S BEHAVIOR? <input type="checkbox"/> no corrections needed <input type="checkbox"/> sporadic <input type="checkbox"/> appropriate/timely comments _____ _____	DOGS REACTION TO HANDLER'S CORRECTION? <input type="checkbox"/> immediate <input type="checkbox"/> sporadic <input type="checkbox"/> ignores <input type="checkbox"/> no corrections needed comments/other _____ _____
PROFESSIONAL IN APPEARANCE? <input type="checkbox"/> yes <input type="checkbox"/> no If not, comments _____ _____	IS THE DOG WELL GROOMED? <input type="checkbox"/> yes <input type="checkbox"/> no If not, comments _____ _____
HOW DO CLIENTS REACT TO HANDLER? <input type="checkbox"/> friendly <input type="checkbox"/> excited <input type="checkbox"/> nervous <input type="checkbox"/> fearful comments _____ _____	HOW DO CLIENTS REACT TO DOG? <input type="checkbox"/> enjoyed <input type="checkbox"/> excited <input type="checkbox"/> fearful comments _____ _____

What are the overall strengths of this handler?

What are the overall strengths of this dog?

Did anything unusual happen on this visit?

Suggestions for improvement

Any other comments

Handler's name (print) _____ Dog's name _____

Supervisor's name (print) _____

Supervisor's signature _____ Date _____

Other Teams Present _____