

**Record of ES Observation Visit:**

When completed, fax to 530-295-3583 (Attn: training) or mail to IEM Training, 1166  
Broadway Ste. Q, Placerville, CA 95667

Directions: As a part of the initial ES Training, it is the responsibility of each newly hired  
ES to call their Area Facilitator to coordinate a time to observe an ES visit with their AF as  
soon as it can be arranged.

ES Code: \_\_\_\_\_ ES Name : \_\_\_\_\_  
(Please print)

Date of Visit: \_\_\_\_\_ Length of Stay: \_\_\_\_\_

Name of Family Visited: \_\_\_\_\_

Please mark type of visit:

\_\_\_\_\_ Initial Enrollment

\_\_\_\_\_ AESS w/o Learning Record

\_\_\_\_\_ Learning Record

\_\_\_\_\_ New Transfer

\_\_\_\_\_ Other (Please Explain)

How did this observation experience assist you with your ES position?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Additional Comments (helps you wish to remember, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please save a copy of this for your own professional growth files, and mail or fax a copy  
to the training department to certify completion of this job requirement.

\_\_\_\_\_  
Signature      ES Signature

\_\_\_\_\_  
Area Facilitator

