|  |  |  |
| --- | --- | --- |
| U of A Division of Agriculture Research and Extension University of Arkansas System |  | MISC-3977-1-2006 |
|  |  |  |
| **Program Assistant Audit Documentation** |
|  |  |  |
| Name of Program Assistant |       |  |
|  |
| Random Itinerary Audit: |       | Time: |       |  |
|  |
| [ ]  Family Name: |       | [ ]  Location:  |       |
|  |
| Audit Conducted: | [ ]  by phone [ ]  in person |  |
|  |
| Was the Program Assistant following their scheduled itinerary? [ ]  Yes [ ]  No |
|  |
| Comments: |       |
|  |  |
|  |
|  |
|  |
| Observation Visit Audit: | Date: |       | Time: |       |  |
|  |
| Family or Group Name: |       |  |
|  |
| Location: |       |  |  |
|  |
| [ ]  Yes | [ ]  No | Did the Program Assistant demonstrate good understanding of the program? |
|  |  |  |
|  | Comment: |  |
|  |       |  |
|  |
| [ ]  Yes | [ ]  No | Did the Program Assistant demonstrate good teaching techniques? |
|  |  |  |
|  | Comment: |  |
|  |       |  |
|  |
| [ ]  Yes | [ ]  No | Did the Program Assistant demonstrate knowledge of subject matter or program curriculum? |
|  |  |  |
|  | Comment: |  |
|  |       |  |
|  |  |  |
|  |
| Agent’s Name: |       |  |
|  |
|  |  |  |
|  |  |  |
| Signature: |       | Date: |       |  |
|  |  |  |