



Rhode Island Certified Diabetes
Outpatient Educators

CDOE CANDIDATE OBSERVATION ASSESSMENT

DATE:	LOCATION OF PROGRAM OBSERVED:
NAME:	CREDENTIALS:

Rate the extent to which the objectives were met by circling the appropriate number.

	MET	PARTIALLY MET	NOT MET
1. Candidate was supportive to the educator(s)			
2. Candidate was knowledgeable in diabetes education			
3. Candidate arrived to class on time			
4. Candidate was professional in appearance and conduct			

COMMENTS:

CANDIDATE'S SIGNATURE: _____

EDUCATOR'S SIGNATURE: _____