Head Start center for inclusion

Child Observation Form: Example

Classroom:_____ Child's Name:_____ Date:_____ Date:_____

Time	Activity	Parts of activity child is doing well	Parts of activity child finds challenging	Skill(s) we plan to teach	Priority
10:00	Free Play	 Playing with toys by themselves Putting together big block structures Playing in lots of different areas 	 Sharing: They didn't ask to use toys others were using, they just grabbed them. They also hit two times when a child asked for a turn with something they were using. 	 How to ask for a turn How to share when someone else asks for a turn 	v
12:45	Outside	 Using play equipment Riding tricycles 	 Sharing: They didn't ask to use the baseball bat. They just took it from another child. Pushing: On the slide, they kept pushing to get through other children 	 How to ask for a turn How to use theirwords ("excuse me," "please move over," etc.) 	v

Child Observation Form

Classroom	:	Child's Name:		Date:	
Time	Activity	Parts of activity child is doing well	Parts of activity child finds challenging	Skill(s) we plan to teach	Priority

Time	Activity	Parts of activity child is doing well	Parts of activity child finds challenging	Skill(s) we plan to teach	Priority

HEAD START CENTER FOR INCLUSION FUNDED BY THE OFFICE OF HEAD START DEPARTMENT OF HEALTH AND HUMAN SERVICES

This material was developed by the Head Start Center for Inclusion with federal funds from the U.S. Department of Health and Human Services, Office of Head Start (Grant no. 90YD0270). The contents of this publication do not necessarily reflect the views or policies of the U.S. Department of Health and Human Services, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government. You may reproduce this material for training and information purposes.