

Child's Name \_\_\_\_\_ Date \_\_\_\_\_  
Observer \_\_\_\_\_

- ☐ Beginning to Know Ourselves & Others
- ☐ Beginning to Communicate
- ☐ Beginning to move and do
- ☐ Approach toward learning
- ☐ Beginning to build concepts

Check off whatever applies to the context of this observation:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Child-initiated activity     | <input type="checkbox"/> Done independently       | <input type="checkbox"/> Time spent (1-5 minutes)  |
| <input type="checkbox"/> Teacher-initiated activity   | <input type="checkbox"/> Done with adult guidance | <input type="checkbox"/> Time spent (5-15 minutes) |
| <input type="checkbox"/> New task for this child      | <input type="checkbox"/> Done with peer(s)        | <input type="checkbox"/> More than 15 minutes      |
| <input type="checkbox"/> Familiar task for this child |   |  |

[illegible]

123 CHILD DEVELOPMENT CENTER, INC