

Portfolio Collection Form for Infants and Toddlers

Child's Name _____ Date _____
Observer _____

Domain(s):

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

Component(s) _____

Indicator(s): _____

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 | | |

Anecdotal Note: Describe what you saw the child do and/or heard the child say.

Thoughts from the Family: