

Preschool/ Kindergarten Observation Form

I. Child: _____

Sex: _____

Date of Birth: ___/___/___ Age: _____

Telephone: _____

II. Observer: _____

Position: _____

Location: _____

Time of Day: _____

Date: _____

Activity Observed

_____ Free Time

_____ Circle Time

_____ Nap Time

_____ Meal Time

_____ Solitary Play

_____ Outdoor Play

_____ Centers/ Structured Play

_____ Transition

_____ Other: _____

Student Behaviors

Level of Interaction

_____ Participated in activities

_____ Usually / Sometimes / Rarely Complied

_____ Refused to participate

Interaction With Objects

_____ Used objects functionally

_____ Used objects imaginatively

_____ Manipulated object without regard to function

Level of Interest

_____ Curious about materials

_____ Disinterested in materials

_____ Easily frustrated

_____ Gave up easily

Physical Activity Level

_____ Appropriate

_____ Too active

_____ Fidgety / Restless some of the time

_____ Lethargic / Not active enough

Interaction With Others

_____ Happy / Smiles a lot

_____ Overly-excitable

_____ Anxious

_____ Lacked facial expression

_____ Shy

_____ Irritable

_____ Oppositional

_____ Aggressive

_____ Withdrawn

_____ Did not engage with others

_____ Tries to control others

_____ Takes Turns / Shares

_____ Disruptive

_____ Bites

_____ Spits

_____ Cries easily

_____ Watched others

_____ Other:

