Preschool/ Kindergarten Observation Form

I. Child:	II. Observer:		
Sex:		Position:	
Date of Birth:/ A	Age:	Location:	
Telephone:			
	Date:		
Activity Observed			
Free Time	Circle	e Time	Nap Time
Meal Time	Solita	ry Play	Outdoor Play
Centers/ Structured Play	Trans	ition	Other:
Student Behaviors			
Level of Interaction		Interaction With Objects	
Participated in activities		Used objects functionally	
Usually / Sometimes / Rarely Complied		Used objects imaginatively	
Refused to participate		Manipulated object without regard to	
		function	
Level of Interest		Physical Activity L	evel
Curious about materials		Appropriate	?
Disinterested in materials		Too active	
Easily frustrated		Fidgety / Re	estless some of the time
Gave up easily		Lethargic /	Not active enough
Interaction With Others			
Happy / Smiles a lot	Opposi	tional	Disruptive
Overly-excitable	Aggressive		Bites
Anxious	Withdrawn		Spits
Lacked facial expression	Did not	Did not engage with others Cries	
Shy	Tries to control others		Watched others
Irritable	Takes Turns / Shares		Other:

Attention to Task	Communication	
Maintained attention to task	Did / Did not initiate conversation	
Works well independently	Verbally / Nonverbally communicate	
Difficulty focusing attention	wants and needs	
Distractible	Used gestures appropriately	
Behavior Management	Motor Skills	
Easily / Rarely followed routines	Ran / Jumped appropriately	
Followed routines with prompting	Colored / Played with play-doh	
Asked for assistance	Concerns regarding fine motor skills	
	Concerns regarding gross motor skill	
	Other:	
Unusual Behaviors		
Hummed Smelle	d / Licked Objects Unusual gaze	
Spit Lined to	up objects Walked on toes	
Bit self / pulled own hair Threw o	objects Twitched, jerked	
Afraid of loud noises No fear	of danger Drooled	
Repeats others / echolalia Flapped	l arms Hit peers / teacher	
Other:	-	
Additional Comments:		