

Observation Form for Families

What to observe:

- What your child does
- What your child says; how he or she communicates
- How your child responds to what you do or say
- How your child uses toys and other objects and engages in intentional learning experiences

Setting (place, people)

Time/Date

What did you see? What did you hear? What did you do?

Think about:

- What is your child able to do?
- Have you noticed the same behavior before?
- Was anything different this time?
- How did you interact with your child?
- What did your child do then?
- Did your child enjoy the experience? How do you know?

Notes: