

Preschool Choice Record

(may be used to tally one child's choices or a group of children's choices)

Date _____ Child(ren) _____

Art	Blocks	Dramatic Play
Manipulatives	Science/Math	Music/Movement
Library	Sensory Table	Writing Center

Portfolio Collection Form

Child's Name: _____ Date: _____ Observer: _____

Domains(s): _____

Learning goal(s) demonstrated in this documentation: _____

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 to 5 minutes) |
| <input type="checkbox"/> teacher-initiated activity | <input type="checkbox"/> done with adult guidance | <input type="checkbox"/> time spent (5 to 15 minutes) |
| <input type="checkbox"/> new task for this child | <input type="checkbox"/> done with peer(s) | <input type="checkbox"/> time spent (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 (attach a photo or work sample if appropriate).

Small-Group Observation Form

Date _____ Activity: _____

Goal(s): _____

Child's Name:	Child's Name:	Child's Name:
Child's Name:	Child's Name:	Child's Name:
Child's Name:	Child's Name:	Child's Name:
Child's Name:	Child's Name:	Child's Name:

Facts/Interpretation Form

Date _____ Child's Name _____

Facts	Interpretation

Quick Check Recording Sheet

Children's Names	Date and Activity	Date and Activity	Date and Activity	Date and Activity

Observation Record with Common Preschool Domains

Child's Name _____

Language	Social-Emotional
Physical (gross and fine motor)	Creative
Cognitive (math, problem-solving)	Early Literacy (reading and writing)