 **Daycare/Preschool Observation Notes**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attends: Mon Tues Wed Thurs Fri

Date of Observation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Morning/Afternoon/Full-day class

Daycare/Preschool: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Self-Regulation Skills** (carpet time, outside play, Center time, Transitions)

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**Physical Development** (eye-hand coordination, balancing energetic and restful times, enjoying physical activity, taking safe risks, understanding personal space)

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**Intellectual Development** (ability to participate in academic tasks)

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Additional notes: