



Classroom/Child Observation Guide



Child's Name: _____ DOB: _____ Site/Room: _____ Date: _____

Classroom Staff Names and Positions _____

Start/End Time of Observation: _____

Classroom/Teaching Staff Specific Observations

Physical Environment	
Teacher-child ratio: # of- Children _____ Adults _____ # of IEP/IFSPs _____ Dual- Language _____ Ages of children present: # of 0-1 _____ 1-2 _____ 2-3 _____ 3 _____ 4 _____ 5 _____	
<input type="checkbox"/> Areas clearly distinguished <input type="checkbox"/> Toys/ materials placed at eye level <input type="checkbox"/> Age appropriate toys/ materials <input type="checkbox"/> Adequate space for children to work	<input type="checkbox"/> Quiet area established <input type="checkbox"/> Classroom well-organized <input type="checkbox"/> Environment promotes safety <input type="checkbox"/> Considers sensory stimuli (noise level, lights)
Comments:	
Classroom Routine and Rules	
Elements of the day observed (Circle all that apply): Routine Transition Whole Group Small Group Meal/Snack Free Choice/Interest Centers	
<input type="checkbox"/> Schedule is posted and clear <input type="checkbox"/> Adequate amount of time allowed for activities <input type="checkbox"/> Rules/ expectations are reviewed <input type="checkbox"/> Adequate quiet and active activities <input type="checkbox"/> Children seem self-guided (aware of and follow routine)	<input type="checkbox"/> Limits waiting or sitting time <input type="checkbox"/> Transition tools/ statements utilized (verbal and nonverbal cues provided) <input type="checkbox"/> Directives are given in close proximity and are effective
Comments:	
Behavior Management	
<input type="checkbox"/> Praises positive behavior <input type="checkbox"/> Provides descriptive commenting <input type="checkbox"/> Prompts behavior/ language <input type="checkbox"/> Redirects <input type="checkbox"/> Models appropriate interactions <input type="checkbox"/> Provides verbal and nonverbal cues	<input type="checkbox"/> Ignores minor negative behavior <input type="checkbox"/> Encourages pro-social behavior <input type="checkbox"/> Facilitates conflict resolution <input type="checkbox"/> Follows through with expectations / limits <input type="checkbox"/> Uses natural / logical consequences <input type="checkbox"/> Appropriate choices are given
Comments:	
Curriculum	
<input type="checkbox"/> Age appropriate <input type="checkbox"/> Child centered <input type="checkbox"/> Encourages cooperation and social interaction	<input type="checkbox"/> Engaging and appropriate length of time <input type="checkbox"/> Activities available for independent work <input type="checkbox"/> Provides sensory/ calming activities
Comments:	
Teacher-Child Interactions	
<input type="checkbox"/> Interactions at child's level <input type="checkbox"/> Uses simple, appropriate language <input type="checkbox"/> Positive adult-child interactions (warm/responsive) <input type="checkbox"/> Communication is more conversational than directive	<input type="checkbox"/> Considers individual needs <input type="checkbox"/> Acknowledges accomplishments and efforts <input type="checkbox"/> Uses calm tone of voice <input type="checkbox"/> Child-centered (focused on child's interests) <input type="checkbox"/> Child talk dominates
Comments:	



Classroom/Child Observation Guide



Child Specific Observations

Date: _____

Start/End Time of Observation (if completed on separate date): _____

Classroom Engagement

- Sustained attention during activities
- Transitions smoothly between activities
- Engages in self-help skills
- Complies with adult requests
- Accepts rules and other limitations
- Shows an interest in classroom activities

Comments:

Social Interactions with Peers and Adults

- Interested in social interactions
- Requests help when needed
- Engages in reciprocal communication
- Makes appropriate eye contact
- Listens and responds to the feelings of others
- Shares and takes turn appropriately
- Expresses ideas, needs, and wants appropriately

Comments:

Play Style

- Engages in imaginative play with ordinary items/toys
- Moves to music using parts of the body, whole body, and/or with items
- Engages in typical solitary play
- Engages in typical group play

Comments:

Emotional and Self-Regulation

- Calms him/herself down when upset
- Responds positively to adult comforting when upset
- Handles disappointment or frustration appropriately
- Demonstrates patience
- Expresses feelings in ways that do not harm others.
- Appears happy

Comments:

Concerns

- Demonstrates self-injurious behaviors (ex: *head banging, slapping, biting*)
- Demonstrates repetitive, restricted behaviors and/or play (ex: *hand flapping, rocking, humming, jumping, or moving toys in the same fixed pattern*)
- Excessive preoccupation with routine, demonstrating rigidity and distress with changes in routines
- Demonstrates a poor attention span or difficulty concentrating
- Excessively withdrawn/isolated from peers and adults
- Fails to respond/react to peers and adults
- Uses obscene gestures and/or offensive language
- Fights with peers
- Inappropriately touches peers and adults
- Demonstrates unusual eating patterns
- Demonstrates regression in self-help skills
- Demonstrates sensory sensitivities

Comments:



Classroom/Child Observation Guide



Parent/Guardian Interview

Parent/Guardian Name (s) _____ Date: _____

Who are the family members that are involved in the child's life?

Tell me about your child's behavior around sleeping, eating, and toileting.

Have there been any changes or disruptions to the family's routines, such as schedule or household changes?

Has the child and/or family experienced any trauma or significant life events?

Teaching Staff Interview

Staff Names and Positions _____ Date: _____

Have there been any recent changes in the child's behavior [or general affect]?

What seems to trigger the child's behaviors?

Do these behaviors seem to correspond with specific times of the day and/or activities?

What approaches have you tried to manage the behavior?

Do you have any concerns around sleeping, eating, or toileting?

CSQI Team Member

Date