



Classroom/Child Observation Guide



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

Classroom/Teacher Specific Observations

Physical Environment:

- Areas clearly distinguished
- Age appropriate toys/ materials
- Adequate space for children to work
- Classroom well-organized
- Teacher-child ratio: _____
- Toys/ materials placed at eye level
- Adequate amount of toys/ materials
- Quiet area established
- Environment promotes safety
- Considers sensory stimuli (noise level, lights)

Comments:

Classroom Routine and Rules:

- Schedule is posted and clear
- Adequate amount of time allowed for activities
- Rules/ expectations are reviewed
- Adequate quiet and active activities
- Children seem self-guided (aware of and follow routine)
- Limits waiting or sitting time
- Transition tools/ statements utilized (verbal and nonverbal cues provided)
- Directives are given in close proximity and are effective

Comments:

Behavior Management:

- Praises positive behavior
- Provides Descriptive commenting
- Prompts behavior/ language
- Redirects
- Models appropriate interactions
- Provides verbal and nonverbal cues
- Ignores minor negative behavior
- Encourages pro-social behavior
- Facilitates conflict resolution
- Follows through with expectations/ limits
- Uses natural/ logical consequences
- Appropriate choices are given

Comments:

Curriculum:

- Age appropriate
- Child centered
- Encourages cooperation and social interaction
- Engaging and appropriate length of time
- Activities available for independent work
- Provides sensory/ calming activities

Comments:

Teacher-Child Interactions:

- Interactions at child's level
- Uses simple, appropriate language
- Positive adult-child interactions (warm/responsive)
- Considers individual needs
- Acknowledges accomplishments and efforts
- Uses calm tone of voice
- Child-centered (focused on child's interests)

Comments:



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Child Specific Observations

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:



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Parent Interview:

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?

Teacher Interview:

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 have you tried to manage the behavior?

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

CSQI Team Member

Date