Observation Guide
For Initial Class Visit

Child’s Name ___________________________ Date _____________

Parent or Guardian ________________________

Teacher/Provider _________________________

What are the child’s individual needs?
________________________________________________________________________

What do I need to consider in planning for these needs in my classroom?
• Can the child access the classroom materials? If no, where are the areas of concern?
________________________________________________________________________

• Can the child move about in the classroom, on the playground, or in other areas of the program? If no, where are the areas of concern?
________________________________________________________________________

• Will the child be able to fully participate in classroom routines and activities? If no, which routines and activities will be difficult to access?
________________________________________________________________________

• What specialized supports does this child need (alone or quiet space; extra space during meals)?
________________________________________________________________________