

CHILD/YOUTH SERVICES
OBSERVATION FORM

AGE GROUP: INFANT PRE-TODDLER TODDLERS PRESCHOOL
 SCHOOL-AGE FAMILY CHILD CARE

FACILITY: FORT HOOD CLEAR CREEK COMANCHE
SAC SITE (which) _____ OFF POST (name of site) _____

TIME IN: _____ TIME OUT: _____

NUMBER OF CHILDREN IN ROOM: _____ NUMBER OF STAFF: _____

WHAT WERE THE CHILDREN DOING? _____

WRITE TWO INSTANCES WHERE CAREGIVERS WERE INTERACTING WITH THE CHILDREN _____

DESCRIBE HOW CHILDREN WERE TRANSITIONED FROM ONE ACTIVITY TO THE NEXT. WAS THE TRANSITION SMOOTH? WRITE AT LEAST ONE MORE TRANSITION METHOD THAT COULD HAVE BEEN USED.

NAME: _____ DATE: _____

LEAD OF ROOM OBSERVED: _____