

Preschool Child Observation Form

Observer Details:

- Observer's Name: _____
- Role (Teacher/Parent/Staff): _____
- Date of Observation: _____

Child Information:

- Child's Full Name: _____
- Age Group: 3-4 years 4-5 years
- Classroom/Group Name: _____

Observation Details:

1. Social Interaction:
 - Initiates play with peers
 - Responds to teacher instructions
 - Shares toys and resources
2. Motor Skills Development:
 - Uses fine motor skills (coloring, cutting)
 - Gross motor skills (running, jumping)
3. Language and Communication:
 - Speaks in complete sentences
 - Listens to stories and asks questions

Comments:

Aspect	Observation Notes	Follow-Up Actions
Social		

Cognitive		
Emotional		
Physical		
Language		

Observation report has been reviewed by the teacher.

Observer's Signature: _____

Parent/Guardian Acknowledgment (if applicable): _____

Date: _____