

Preschool Student Observation Form

Observation Details

- Observer Name: _____
- Student Name: _____
- Observation Date: _____
- Observation Time: _____
- Setting: _____

Skill Areas Observed

Skill Area	Observed Behavior	Comments
Social Interaction		
Motor Skills		
Language Skills		

Behavioral Observations

Behavior	Frequency	Comments
Cooperation Skills	<input type="checkbox"/> Rare <input type="checkbox"/> Moderate	
Emotional Response	<input type="checkbox"/> Rare <input type="checkbox"/> Moderate	

Recommendations

- **Action Plan:** _____
- **Parental Follow-Up:** _____

Signature: _____

Date: _____