

**FAMILY RESOURCE AGENCY of NORTH GEORGIA  
CHILD OBSERVATION**

Child's name: \_\_\_\_\_ Center: \_\_\_\_\_

Observed by: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time Observed: \_\_\_\_\_ to \_\_\_\_\_ How long observed: \_\_\_\_\_

Purpose of observation: \_\_\_\_\_

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Environmental setting/time of day: (Classroom/area, playground, bathroom, hallway, cafeteria, etc.)

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What occurred prior to observed behavior: \_\_\_\_\_

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Description of observed behavior: \_\_\_\_\_

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What behavior management techniques have been used to prevent or redirect? **(HS/EHS)**  
How is this in correlation with the Second Step curriculum? **(HS only)**

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Comments/follow-up: \_\_\_\_\_

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