

**FAMILY RESOURCE AGENCY of NORTH GEORGIA - HEAD START
CHILD OBSERVATION CHECKLIST**

_____ Child's Name - Last, First _____ Birthdate

Date	Teacher	Center		
LANGUAGE		YES	NO	SOME-TIMES
1.	Does the child have difficulty using two and three word phrases to ask for what he/she wants?			
2.	Does the child have difficulty completing sentences attempting to tell you what happened?			
3.	When the child is asked to describe something, does he/she express difficulty in ability to use at least two or more sentences to talk about it?			
4.	Does the child appear to have difficulty in his/her ability to ask questions?			
5.	Does the child seem to have difficulty following directions?			
6.	Does the child have difficulty responding appropriately to questions?			
7.	Is the child's voice too soft, too harsh, strained, etc.? (Explain)			
8.	Do you have difficulty understanding the child?			

COMMENTS: _____

LEARNING		YES	NO	SOME-TIMES
9.	Does the child require considerably more time than do the other children to learn pre-academic concepts?			
10.	Does the child have difficulty attending to group activities for more than five minutes at a time?			
11.	Does the child appear extremely shy in group activities---for instance, not volunteering answers or answering questions he is asked, even though you think he knows the answer?			

COMMENTS: _____

MOTOR		YES	NO	SOME-TIMES
12.	Does the child continuously switch a crayon back and forth from one hand to the other when he/she is coloring?			

MOTOR	YES	NO	SOME-TIMES
13. Do the child's hands appear clumsy or shaky when he is using them?			
14. When the child is coloring with a crayon, does the hand that he is not using appear tense (for instance, clenched into a fist)?			
15. When the child walks or runs, does one side of his body seem to move differently from the other side? For instance, does the child seem to have better control of the leg and arm on one side than on the other?			
16. Does he/she lean or tilt to one side when he is walking/running?			
17. Does the child seem to fear or not be able to use stairs, climbing equipment, or tricycle?			
18. Does the child stumble often or appear awkward when he moves?			
19. Does the child have difficulty dressing himself except for tying his/her shoes?			

COMMENTS: _____

VISUAL OR HEARING	YES	NO	SOME-TIMES
20. Do the child's eye movements appear jerky or not coordinated?			
21. Does the child seem to have difficulty seeing objects? For instance, does he/she:			
A. Tilt his head to look at things?			
B. Hold objects close to his/her eyes?			
C. Squint?			
D. Show sensitivity to bright lights?			
E. Have uncontrolled eye rolling?			
F. Complain that his/her eyes hurt?			
22. Does the child appear awkward in task requiring eye-hand coordination such as pegs, puzzles, coloring, etc.?			
23. Does the child seem to have difficulty hearing? For instance, does she/he:			
A. Consistently favor one ear by turning the same side of his/her head in the direction of the sound?			
B. Ignore, confuse, or not follow directions?			
C. Pull or rub ear frequently, or complain of earache?			
D. Complain of head noises or dizziness?			
E. Have a very high or very low or monotonous tone of voice?			

COMMENTS: _____

GENERAL HEALTH	YES	NO	SOME-TIMES
24. Does the child seem to have an excessive number of colds?			
25. Does he/she have frequent absences because of illness?			
26. Do his/her eyes water?			
27. Does she/he have discharge from eyes? Ears?			
28. Does the child have sores on his body or head?			
29. Does the child have periods of unusual movements (like rapid eye blinking) or "blank spells" which seem to appear and disappear without relationship to the social situation?			
30. Does he/she have hives or rashes?			
Does he/she wheeze?			
31. Does he/she have a persistent cough?			
32. Is he/she excessively thirsty?			
Ravenously hungry?			
33. Have you noticed any of the following conditions:			
A. Constant fatigue?			
B. Irritability?			
C. Restlessness?			
D. Tenseness?			
E. Feverish cheeks or forehead?			
34. Is the child overweight?			
35. Is he/she physically or mentally lethargic or listless?			
36. Has she/he lost weight without being on a diet?			
37. Is he/she on any type of medication? What type? _____ What for? _____			

COMMENTS: _____

SOCIAL	YES	NO	SOME-TIMES
38. Does the child engage in at least two disruptive behaviors a day (tantrums, fighting, screaming, excessive aggression, verbally abusive, etc.)?			

SOCIAL	YES	NO	SOME-TIMES
39. Does the child appear withdrawn from the outside world (fiddling with pieces of string, staring into space, rocking his body, banging his head, talking to himself, etc.)?			
40. Does the child play alone and seldom talk to the other children?			
41. Does the child spend most of the time trying to get attention from the adults or engage in power struggles with adults?			
42. Does the child have toileting problems at least once a week (wet or soiled)?			

COMMENTS: _____

SELF CONFIDENCE	UNABLE TO OBSERVE	VERY SELDOM	ABOUT ½ OF TIME	USUALLY
43. Talks about self, family, friends - feeling of identity, belonging.				
44. Enjoys mastering a skill, solving a problem, or helping solve one.				
45. Expresses feelings, opinions, and ideas -- including range of feelings.				
46. Describes self in varying, positive ways.				
47. Trust - seeks relationships and interactions with adults and peers.				
48. Demonstrates creative self expression through use of:				
A. Language				
B. Body movement				
C. Dramatic Play				
D. Art media				
E. Materials and equipment				
49. Involves self deeply in play/task.				
50. Functions independently to carry out age-appropriate activity of interest to self/group.				
51. Seeks out persons, ideas, and/or materials.				
52. Can separate comfortably from family when brought to center.				
53. Adjusts to new persons, events, routines or change in schedule.				
54. Plans time and activities.				
55. Self directed - selects from alternatives available independently.				
56. Developing understanding of own limitations as well as own capabilities.				
57. Enjoys experimenting with materials, ideas, communication.				

COMMENTS: _____

COPING	UNABLE TO OBSERVE	VERY SELDOM	ABOUT ½ OF TIME	USUALLY
58. Demonstrates development of inner control and frustration tolerance:				
Impulsive				
Excessively active				
Appears sad				
Appears angry				
Makes inappropriate noises				
Talks excessively				

COMMENTS: _____

SOCIAL GROWTH	UNABLE TO OBSERVE	VERY SELDOM	ABOUT ½ OF TIME	USUALLY
59. Seeks approval of reinforcement from adults.				
60. Asks questions of adults or seeks information when needed. --adult as source				
61. Initiates interaction or conversation with adults.				
62. Initiates activities with others.				
63. Seeks partners and/or forms friendships and interacts.				
64. Seeks information from peers.				
65. Able to take turns with others.				
66. Aware of needs of feelings of others, beginning or empathy and concern for others.				
67. Can enter into and participate in small group situation.				
68. Able to listen to others' ideas or conversation in group and interested in what they have to say.				
69. Able to understand the rules or limits set on behavior and use of materials in center.				

COMMENTS: _____