

OBSERVATIONS-PHYSICAL DEVELOPMENT AND HEALTH

Child's Name _____
(First)

(Last)

Objectives

- A.1 Moves with balance and control
- A. 2 Coordinates movements to perform simple tasks
- B. 1 Uses strength and control to perform simple tasks
- B. 2 Uses eye-hand coordination to perform tasks
- B. 3 Shows beginning control of writing, drawing and art tools
- C. 1 Performs some self-care tasks independently
- C. 2 Follows basic health and safety rules