

# Portfolio Collection Form

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Observer: \_\_\_\_\_

Domains(s): \_\_\_\_\_

Learning goal(s) demonstrated in this documentation: \_\_\_\_\_

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***Check off whatever applies to the context of this observation:***

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> child-initiated activity     | <input type="checkbox"/> done independently       | <input type="checkbox"/> time spent (1 to 5 minutes)       |
| <input type="checkbox"/> teacher-initiated activity   | <input type="checkbox"/> done with adult guidance | <input type="checkbox"/> time spent (5 to 15 minutes)      |
| <input type="checkbox"/> new task for this child      | <input type="checkbox"/> done with peer(s)        | <input type="checkbox"/> time spent (more than 15 minutes) |
| <input type="checkbox"/> familiar task for this child |   |  |

Anecdotal note: Describe what you saw the child do and/or heard the child say (attach a photo or work sample if appropriate).