

## > Appendix A:

---

# Focused Portfolios<sup>TM</sup> Forms

---

Forms on the following pages may be reproduced  
for use in portfolios.

## ***Friends Collection Form***

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Observer \_\_\_\_\_

Based on your observations, who are this child's friends? What do they do together?  
How does this child express his or her feelings towards them? Add a photo to illustrate  
this friendship.

Description:

## **Favorites Collection Form**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Observer \_\_\_\_\_

After observing the child on multiple occasions, describe a favorite activity that the child does often. Add details that you've noticed about the child's interests and choices. Add a photo if you can.

Description:

## ***Family Collection Form***

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Observer \_\_\_\_\_

Families often have stories to share about their child's accomplishments at home. They also have special moments with their child in your classroom. Use this form to document a story that the child's family has shared with you, or take a photo of a special moment between the child and the people who are important in his or her life.

Description:

***Focused Portfolios™ Photo***

Attach  
photograph  
here

## Developmental Milestones Collection Form Version #1 Infant/Toddler

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Observer \_\_\_\_\_ Date \_\_\_\_\_

Check off the *areas of development* that apply:

- Shows interest in others
- Demonstrates self-awareness
- Accomplishes gross-motor milestones
- Accomplishes fine-motor milestones
- Communicates
- Acts with purpose and uses tools
- Expresses feelings

This photo, work sample and/or anecdote illustrates the following *developmental milestone(s)*:

---

---

---

---

Check off whatever applies to the context of this observation:

- |   |   |
|---|---|
| <input type="checkbox"/> Child-initiated activity     | <input type="checkbox"/> Done with adult guidance |
| <input type="checkbox"/> Teacher-initiated activity   | <input type="checkbox"/> Done with peer(s)        |
| <input type="checkbox"/> New task for this child      | <input type="checkbox"/> Time spent (1–5 mins.)   |
| <input type="checkbox"/> Familiar task for this child | <input type="checkbox"/> Time spent (5–15 mins.)  |
| <input type="checkbox"/> Done independently           | <input type="checkbox"/> Time spent (15+ mins.)   |

**Anecdotal Note:** Describe what you saw the child do and/or heard the child say.

## Developmental Milestones Collection Form Version #1 Preschooler

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Observer \_\_\_\_\_ Date \_\_\_\_\_

Check off the *areas of development* that apply:

- Thinking, Reasoning & Problem-Solving
- Emotional and Social Competency
- Gross-Motor Development
- Fine-Motor Development
- Language and Communication
- Reading & Writing Development
- Creative Development

This photo, work sample and/or anecdote illustrates the following *developmental milestone(s)*:

---

---

---

---

Check off whatever applies to the context of this observation:

- |   |   |
|---|---|
| <input type="checkbox"/> Child-initiated activity     | <input type="checkbox"/> Done with adult guidance |
| <input type="checkbox"/> Teacher-initiated activity   | <input type="checkbox"/> Done with peer(s)        |
| <input type="checkbox"/> New task for this child      | <input type="checkbox"/> Time spent (1–5 mins.)   |
| <input type="checkbox"/> Familiar task for this child | <input type="checkbox"/> Time spent (5–15 mins.)  |
| <input type="checkbox"/> Done independently           | <input type="checkbox"/> Time spent (15+ mins.)   |

**Anecdotal Note:** Describe what you saw the child do and/or heard the child say.

**Developmental Milestones Collection Form**  
**Version #2 Infant/Toddler**  
**(using your own developmental charts)**

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

List the *areas of development* that apply:

This photo, work sample and/or anecdote illustrates the following *developmental milestone(s)*:

_____	_____
_____	_____
_____	_____

Check off whatever applies to the context of this observation:

- |   |   |
|---|---|
| <input type="checkbox"/> Child-initiated activity     | <input type="checkbox"/> Done with adult guidance |
| <input type="checkbox"/> Teacher-initiated activity   | <input type="checkbox"/> Done with peer(s)        |
| <input type="checkbox"/> New task for this child      | <input type="checkbox"/> Time spent (1–5 mins.)   |
| <input type="checkbox"/> Familiar task for this child | <input type="checkbox"/> Time spent (5–15 mins.)  |
| <input type="checkbox"/> Done independently           | <input type="checkbox"/> Time spent (15+ mins.)   |

**Anecdotal Note:** Describe what you saw the child do and/or heard the child say.



**Developmental Milestones Collection Form**  
**Version #2 Preschooler**  
**(using your own developmental charts)**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Observer \_\_\_\_\_ Date \_\_\_\_\_

List the *areas of development* that apply:

This photo, work sample and/or anecdote illustrates the following *developmental milestone(s)*:

_____	_____
_____	_____
_____	_____

Check off whatever applies to the context of this observation:

- |   |   |
|---|---|
| <input type="checkbox"/> Child-initiated activity     | <input type="checkbox"/> Done with adult guidance |
| <input type="checkbox"/> Teacher-initiated activity   | <input type="checkbox"/> Done with peer(s)        |
| <input type="checkbox"/> New task for this child      | <input type="checkbox"/> Time spent (1–5 mins.)   |
| <input type="checkbox"/> Familiar task for this child | <input type="checkbox"/> Time spent (5–15 mins.)  |
| <input type="checkbox"/> Done independently           | <input type="checkbox"/> Time spent (15+ mins.)   |

**Anecdotal Note:** Describe what you saw the child do and/or heard the child say.

**Developmental Milestones Collection Form**  
**Version #3 Infant/Toddler**  
**(for young children with identified special needs)**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Observer \_\_\_\_\_ Date \_\_\_\_\_

List the *areas of development* that apply:

This photo, work sample and/or anecdote illustrates the following IFSP goals:

_____	_____
_____	_____
_____	_____

Check off whatever applies to the context of this observation:

- |   |   |
|---|---|
| <input type="checkbox"/> Child-initiated activity     | <input type="checkbox"/> Done with adult guidance |
| <input type="checkbox"/> Teacher-initiated activity   | <input type="checkbox"/> Done with peer(s)        |
| <input type="checkbox"/> New task for this child      | <input type="checkbox"/> Time spent (1–5 mins.)   |
| <input type="checkbox"/> Familiar task for this child | <input type="checkbox"/> Time spent (5–15 mins.)  |
| <input type="checkbox"/> Done independently           | <input type="checkbox"/> Time spent (15+ mins.)   |

**Anecdotal Note:** Describe what you saw the child do and/or heard the child say.

**Developmental Milestones Collection Form**  
**Version #3 Preschooler**  
**(for young children with identified special needs)**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Observer \_\_\_\_\_ Date \_\_\_\_\_

List the *areas of development* that apply:

This photo, work sample and/or anecdote illustrates the following IEP goals:


Check off whatever applies to the context of this observation:

- |   |   |
|---|---|
| <input type="checkbox"/> Child-initiated activity     | <input type="checkbox"/> Done with adult guidance |
| <input type="checkbox"/> Teacher-initiated activity   | <input type="checkbox"/> Done with peer(s)        |
| <input type="checkbox"/> New task for this child      | <input type="checkbox"/> Time spent (1–5 mins.)   |
| <input type="checkbox"/> Familiar task for this child | <input type="checkbox"/> Time spent (5–15 mins.)  |
| <input type="checkbox"/> Done independently           | <input type="checkbox"/> Time spent (15+ mins.)   |

**Anecdotal Note:** Describe what you saw the child do and/or heard the child say.

# Infant/Toddler Word List

Child \_\_\_\_\_ Teacher(s) \_\_\_\_\_

Date:	Word Approximations, Words, and/or Word Combinations	Context (imitation, response to comment or question, self-initiated)

**Anecdotal Comments:**

## ***Focused Portfolios*<sup>™</sup> Reflection and Planning Form**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Teacher \_\_\_\_\_ Date \_\_\_\_\_

### **Teacher Reflection**

Refer to all *areas of development* and to the items in the portfolio

Summarize information from Favorites, Friends, and Family:

List milestones accomplished:

Describe progress that has been observed:

List the milestones that this child is working on (these are the goals for the next collection):

## Family and Teacher Planning

Discuss plans to support further development. Write ideas for classroom activities, family involvement, and teacher support. Add any general comments.

Teacher:

Family member(s):

***Focused Portfolios*<sup>™</sup> Reflection and Planning Form  
Final Collection**

Child's Name \_\_\_\_\_ Age \_\_\_\_ Teacher \_\_\_\_\_ Date \_\_\_\_\_

**Teacher Reflection**

Refer to all *areas of development* and to the items in the portfolio

Summarize information from Favorites, Friends, and Family:

List milestones accomplished:

Describe progress observed as compared to previous collection(s):

Milestones that this child is working on:

**General Comments about This Child's Growth  
and Development Over the Course of the Year**

Teacher:

Family member(s):







## ***Focused Portfolios™***

### **Recording Individual Child Observations by Date Infant/Toddler**

Child's Name \_\_\_\_\_

Instructions for using this form: Place this form on the outside of each child's portfolio folder. As you record and file observation documentation in the child's folder, write the dates of your observations in the appropriate columns.

<b>Documentation Collected</b>	<b>Date(s) for Fall Collection</b>	<b>Date(s) for Spring Collection</b>
Favorites		
Friends		
Family		
Shows Interest in Others		
Demonstrates Self-Awareness		
Gross-Motor Development		
Fine-Motor Development		
Communicates		
Acts with Purpose and Uses Tools		
Expresses Feelings		

## ***Focused Portfolios™***

### **Recording Individual Child Observations by Date Preschoolers**

Child's Name \_\_\_\_\_

Instructions for using this form: Place this form on the outside of each child's portfolio folder. As you record and file observation documentation in the child's folder, write the dates of your observations in the appropriate columns.

<b>Documentation Collected</b>	<b>Date(s) for Fall Collection</b>	<b>Date(s) for Spring Collection</b>
Favorites		
Friends		
Family		
Thinking, Reasoning, and Problem-Solving		
Emotional and Social Competency		
Language and Communication		
Gross-Motor Development		
Fine-Motor Development		
Reading and Writing Development		
Creative Development		

## Tracking Progress through Multiple Anecdotes

Child's Name \_\_\_\_\_ Area of Development \_\_\_\_\_

Anecdotal Note: Describe what you saw the child do and/or heard the child say.

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

Anecdotal Note: Describe what you saw the child do and/or heard the child say.

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

Anecdotal Note: Describe what you saw the child do and/or heard the child say.

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