Appendix A:

Focused Portfolios™ 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:
Developmental Milestones Collection Form
Version #1 Infant/Toddler

Child’s Name ____________________________________________  Age __________________
Observer _______________________________________________  Date ________________

Check off the areas of development that apply:  This photo, work sample and/or anecdote illustrates the following developmental milestone(s):

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

Check off whatever applies to the context of this observation:

☐ Child-initiated activity   ☐ Done with adult guidance
☐ Teacher-initiated activity ☐ Done with peer(s)
☐ New task for this child    ☐ Time spent (1–5 mins.)
☐ Familiar task for this child  ☐ Time spent (5–15 mins.)
☐ Done independently        ☐ 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:  This photo, work sample and/or anecdote illustrates the following developmental milestone(s):

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

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:

- [ ] Child-initiated activity
- [ ] Teacher-initiated activity
- [ ] New task for this child
- [ ] Familiar task for this child
- [ ] Done independently
- [ ] Done with adult guidance
- [ ] Done with peer(s)
- [ ] Time spent (1–5 mins.)
- [ ] Time spent (5–15 mins.)
- [ ] 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):

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

☐ Child-initiated activity ☐ Done with adult guidance
☐ Teacher-initiated activity ☐ Done with peer(s)
☐ New task for this child ☐ Time spent (1–5 mins.)
☐ Familiar task for this child ☐ Time spent (5–15 mins.)
☐ Done independently ☐ Time spent (15+ mins.)

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

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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:

☐ Child-initiated activity ☐ Done with adult guidance
☐ Teacher-initiated activity ☐ Done with peer(s)
☐ New task for this child ☐ Time spent (1–5 mins.)
☐ Familiar task for this child ☐ Time spent (5–15 mins.)
☐ Done independently ☐ Time spent (15+ mins.)

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

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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:

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

☐ Child-initiated activity  ☐ Done with adult guidance
☐ Teacher-initiated activity  ☐ Done with peer(s)
☐ New task for this child    ☐ Time spent (1–5 mins.)
☐ Familiar task for this child ☐ Time spent (5–15 mins.)
☐ Done independently        ☐ Time spent (15+ mins.)

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

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# 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:

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Focused Portfolios™ 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):

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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™ 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):

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Focused Portfolios™

Recording Class Observations by Date
Infant/Toddler

Instructions for using this form: Enter the names of all children in the group. Working across the page, write the dates of your observations in the appropriate columns.

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**Focused Portfolios**

**Recording Class Observations by Date**

**Preschooler**

Instructions for using this form: Enter the names of all children in the group. Working across the page, write the dates of your observations in the appropriate columns.

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<th>Emotional and Social Competency</th>
<th>Language and Communication</th>
<th>Gross-Motor Development</th>
<th>Fine-Motor Development</th>
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**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.

<table>
<thead>
<tr>
<th>Documentation Collected</th>
<th>Date(s) for Fall Collection</th>
<th>Date(s) for Spring Collection</th>
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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.

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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__________________________________________