# Developmental Study

Child's Name:
Too show's Names.
Teacher's Name:
Program:
Dates for the Completion of the Documentation:

#### Individual Child Information Record

Child:	ild: Date:				
Culture	Life Experiences	Family	Learning Style	Developmental Strengths	
Interests	Emerging Developmental Areas	Approaches to Learning and Responses to Challenges	Emotional Makeup	Physical Needs and Health Issues	

### Preschool Weekly Planning and Reflection Framework

Program/School:		Date: Tead	cher(s):
Ongoing Project (optional):			
	Learning goal(s)	Additional materials or focus	Vocabulary words
BLOCKS			
DRAMATIC PLAY			
SENSORY TABLE			
ART			
MANIPULATIVES			
CLASS LIBRARY			
WRITING CENTER			
OTHER CENTER			

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# Preschool Weekly Planning and Reflection Framework

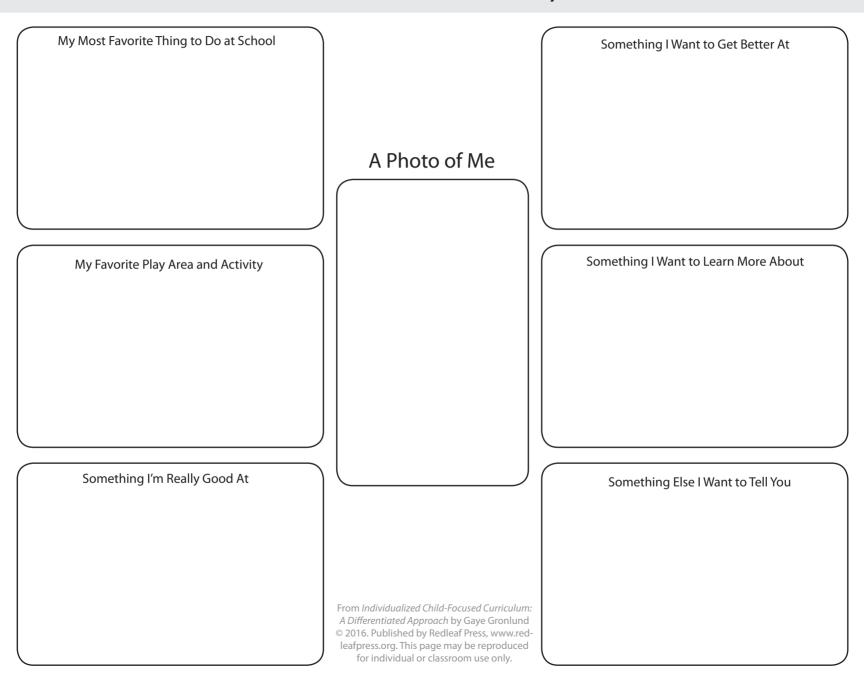
DATE:		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Large	Learning goal					
group	Activity and teacher strategy					
Small	Learning goal					
group	Activity and teacher strategy					
Plans	s for Building Co and Relationsh	ommunity ips	Plans for Outdoor E	Explorations	Plans for Meals	and Transitions

#### Preschool Weekly Planning and Reflection Framework

OBSERVATIONS, MODIFICATIONS, AND REFLECTIONS

FOCUSED OBSERVATIONS:	MODIFICATIONS FOR INDIVIDUAL CHILDREN:
REFLECTIONS: What worked? What didn't? What did you learn about individual children and group interests?	PLANS: Based on your reflections, what will you change for next week?

#### Child Interest Survey



#### **Toddler Choice Record**

(may be used to tally one child's choices or a group of children's choices)

Date Chi	ld(ren)	
Paint Easel	Blocks	Play House
Manipulatives	Crawling Area	Climbing Structure
Book Corner	Sensory Table	Rocking Chair

#### Preschool Choice Record

(may be used to tally one child's choices or a group of children's choices)

Child(ren):	Date:	
Art	Blocks	Dramatic Play
Manipulatives	Science/Math	Music/Movement
Library	Sensory Table	Writing Center

#### Kindergarten Choice Record

(may be used to tally one child's choices or a group of children's choices)

Child(ren):				Date:
Listening Center	Dramatic Play	Journaling Center	Alphabet Center	Flannel Board or Pocket Charts
Class Library	Writing Center	Blocks	Math Activity	Sensory Table
Art	Manipulatives	Science Exploration	Informational Reading	Math and Science Journaling

# Individualized Play Planning Sheet

Child's Name:	Date:	Teacher:
Int	terests, Favorite Play Areas and Activities That Show the Child's Strengths:	Other Children Who Show Similar Interests and Strengths:
		ld on the Child's Interests and Strengths: eacher support strategies will you plan?)
	Results of Imp	plementation of Plan:

#### Quick Check Recording Sheet

	Date and Activity	Date and Activity	Date and Activity	Date and Activity
	Date and Activity	Date and Activity	Date and Activity	Date and Activity
Children's Names				
Children's Names				
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#### Brief Notes Recording Sheet

Children's Names	Date and Activity
(	

#### Small-Group Observation Form

Date	Activity:		
Goal(s):			
Child's Name:	Child's Name:	Child's Name:	
Child's Name:	Child's Name:	Child's Name:	
Child's Name:	Child's Name:	Child's Name:	
Child's Name:	Child's Name:	Child's Name:	

Words and Phrases to Avoid	Words and Phrases to Use
The child loves	He often chooses
The child likes	I saw him
He enjoys	I heard her say
She spends a long time at	He spends five minutes doing
It seems like	She said
It appears	Almost every day, he
I thought	Once or twice a month, she
I felt	Each time, he
I wonder	She consistently
He does very well	We observed a pattern of
She is bad at	
This is difficult for	

#### Portfolio Collection Form

Child's Name:	Date:	Observer:	
Domain(s):			
Learning goal(s) demonstrated in this do			
Check off wha	tever applies to the cor	ntext of this obse	ervation:
□ child-initiated activity	☐ done independen	itly 🗆	time spent (1 to 5 minutes)
☐ teacher-initiated activity	☐ done with adult g	uidance 🗆	time spent (5 to 15 minutes)
$\square$ new task for this child	☐ done with peer(s)		
☐ familiar task for this child			time spent (more than 15 minutes)

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

# Developmental Study Teacher Reflection Form

Child's Name:	Teacher:	Reflection Date(s:)	
What can and does this child	do? What specific skills does s/he have?		
What would the next steps b	e for this child in his or her development?		
What are his or her interests	and how does s/he show them?		
What will you plan to do with	n this child to build on his or her strengths an	nd interests and to work on next steps?	
What materials, activities, te	acher support, peer support, and special res	ources will you use?	

# Individualized Goal Planning Sheet

Child's Name:	Date:	Teacher:
1.	Developmental Learning Goals for This Child:	Other Children Who Would Benefit from These Goals:  1.  2.
		es to Work toward These Goals with This Child: eer groupings, and teacher support strategies will you plan?)
	Resu For this child:	ults of Implementation of Plan:
	For the other children:	

# Individual Adjustments

For week of:	Teacher:		
Child's Name	Planned Adjustment	Child's Name	Planned Adjustment

# Developmental Study Teacher and Family Reflection Form

Child's Name:	Age:	Date:	Teacher:	_
General Summary of the Child's Interest	s and Delights, Accomp	lishments, and Progress	3	
Teacher:				
Family Members:				

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# Family-Teacher Summary Report

Child's Name:	Date:
Teacher:	Program:
DOMAIN:	
Growth and accomplishments	
We will continue to work on	
DOMAIN:	
Growth and accomplishments	
We will continue to work on	
DOMAIN:	
Growth and accomplishments	
We will continue to work on	

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DOMAIN:	
Growth and accomplishments	
We will continue to work on	
DOMAIN:	
Growth and accomplishments	
We will continue to work on	
DOMAIN:	
Growth and accomplishments	
We will continue to work on	
DOMAIN:	
Growth and accomplishments	
We will continue to work on	