

Targeted Observation

this form is optional, settings may prefer to use other methods of observation and recording

ASSESS		
Child's Name:	DOB:	Age in Months:
Date of Observation: Start time: Finish time:		Name of Practitioner Completing the Observation
Barriers to Learning		
Context – e.g. Layout of the room, activities, numbers of adults & children		
Evidence – <i>What is happening? What can you see? What is the child doing? How is the child demonstrating skills?</i>		

<p>Child's Strengths & Interests:</p>	<p>Areas to Develop: <i>(using child's strengths and interests)</i></p>
<p>Further Actions: e.g. <i>Feedback outcome of observations to parents/carers. Continue to consistently implement good practice strategies. If appropriate start a 'My Individual Child Plan' in partnership with parents/carers.</i></p>	
<p>Any Other Comments:</p>	
<p>Signature of Practitioner:</p> <p>Name:</p>	<p>Signature of Setting SENCo: (for PVI)</p> <p>Name:</p>