

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 – What is happening? What can you see? What is the child doing? How is the child demonstrating skills? | | |

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| Child's Strengths & Interests: | Areas to Develop: <i>(using child's strengths and interests)</i> |
| 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> | |
| Any Other Comments: | |
| Signature of Practitioner: Name: | Signature of Setting SENCo: (for PVI) Name: |