

## Child Observation – Module 1, Session 2

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Select an infant or toddler to observe for 15 minutes. Write down what you see and what the child babbles or says. Complete the information below.*

**Child's Age:** \_\_\_\_\_ **Is the child male or female (circle)**  
**Child's Ethnicity:** \_\_\_\_\_ **Home Language:** \_\_\_\_\_

### Observation Notes

Observe with all of your senses when possible: What do you see, smell, feel, and hear? Do not interact with the child, sit to the side and observe. Write the facts (what you see, hear, smell, and feel physically); do not write your interpretation at this point.

Response to the Observation: *Please type out this section with your name and the date on the top of the page – attach to the observation sheet above when submitting to your instructor.*

1. What was the child doing?
2. What or who was the child playing with?
3. Did you perceive the child was enjoying the activity? How do you know?
4. Based upon the child's interactions and play, review pages 16-28 (infants) or 87-98 for toddlers and
  - a. Select and offer one Supportive Learning Experience (see attached planning form),
  - b. Describe the learning experience you offered, and
  - c. The child's reaction/participation.