

## Child Observation – Module 2, Session 2

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Select a group of infants or toddlers to observe for 15 minutes. Write down what you see and what the children do and babble/say. Complete the information below.*

**Children's Ages:** \_\_\_\_\_ **Are the children male or female**  
**(circle)**

**Children's Ethnicities:** \_\_\_\_\_ **Home Languages:** \_\_\_\_\_

### Observation Notes

Observe with all of your senses when possible: What do you see, smell, feel, hear? Do not interact with the child, sit to the side and observe. Write the facts (what you see, hear, smell, 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 were the children doing?
- 2) What or who was the children playing with?
- 3) Did you perceive the children were enjoying the activity? How do you know?
- 4) Based upon the children's interactions and play, review pages 33 – 42 for infants, or 103- 115 for toddlers, and
  - d. Select and offer one Supportive Learning Experience
  - e. Describe the learning experience you offered and
  - f. The children's reaction/participation.