

Parent / Staff Observations

Centre name _____ Date _____

Address _____ Telephone # _____

Supervisor _____ Teacher's name(s) _____

Form completed by _____

Child's name _____ Date of birth _____

Parent's name _____ Telephone _____

Reason for Referral _____

How long has the child been a the Centre _____ Time of Arrival / Departure _____

Routines (*Please note the time of day*)

How is the child on arrival and departure

Describe the child's separation from caregiver

What are the child's favourite activities

Generally how long does the child attend to activities

Does the child approach the teacher / adult often during play? If so, please describe

Describe the child's fine motor skills (*i.e. cutting, beading, lacing*)

Describe the child's gross motor skills (*i.e. jumping, running, climbing*)

Describe the child's self help skills

Describe the child's peer interactions

Describe how the child manages transitions

Describe rest time for this child

Describe the meal times for this child (*any allergies / food restrictions / preferences*)

Describe group time for this child

Describe how the child usually initiates activities

Does the child have preferred playmates, please expand

Describe the child's basic temperament - happy / sad / quiet / noisy / active / content

Describe how the child communicates

Is the communication easily understood

Any additional information

The personal information on this form is collected under the authority of the *City of Toronto Act, 1997, Day Nurseries Act, R.S.O. 1990, c. D.2, and By-law No 396-2000*. The information is used to identify needs and in program planning. Questions about this collection can be directed to Program Manager, Metro Hall, 10th Floor, 55 John Street, Station 1104, Toronto, Ontario, M5V 3C6, Telephone 416-397-7377.
