

Portfolio Collection Form for Infants and Toddlers

Child's Name _____ Date _____ Observer _____

Domain(s): Beginning to Know about Ourselves and Others

Component(s) or Indicator(s): _____

Check off whatever applies to the context of this observation:

- | | | |
|---|---|--|
| <input type="checkbox"/> Child-initiated activity | <input type="checkbox"/> Done independently | <input type="checkbox"/> Time spent (1-5 minutes) |
| <input type="checkbox"/> Teacher-initiated activity | <input type="checkbox"/> Done with adult guidance | <input type="checkbox"/> Time spent (5-15 minutes) |
| <input type="checkbox"/> New task for this child | <input type="checkbox"/> Done with peer(s) | <input type="checkbox"/> More than 15 minutes |
| <input type="checkbox"/> Familiar task for this child | | |

Anecdotal Note: Describe what you saw the child do and/or heard the child say.

Thoughts from the Family:

Portfolio Collection Form for Infants and Toddlers

Child's Name _____ Date _____ Observer _____

Domain(s): Beginning to Communicate

Component(s) or Indicator(s): _____

Check off whatever applies to the context of this observation:

- | | | |
|---|---|--|
| <input type="checkbox"/> Child-initiated activity | <input type="checkbox"/> Done independently | <input type="checkbox"/> Time spent (1-5 minutes) |
| <input type="checkbox"/> Teacher-initiated activity | <input type="checkbox"/> Done with adult guidance | <input type="checkbox"/> Time spent (5-15 minutes) |
| <input type="checkbox"/> New task for this child | <input type="checkbox"/> Done with peer(s) | <input type="checkbox"/> More than 15 minutes |
| <input type="checkbox"/> Familiar task for this child | | |

Anecdotal Note: Describe what you saw the child do and/or heard the child say.

Thoughts from the Family:

Portfolio Collection Form for Infants and Toddlers

Child's Name _____ Date _____ Observer _____

Domain(s): Beginning to Move and Do

Component(s) or Indicator(s): _____

Check off whatever applies to the context of this observation:

- | | | |
|---|---|--|
| <input type="checkbox"/> Child-initiated activity | <input type="checkbox"/> Done independently | <input type="checkbox"/> Time spent (1-5 minutes) |
| <input type="checkbox"/> Teacher-initiated activity | <input type="checkbox"/> Done with adult guidance | <input type="checkbox"/> Time spent (5-15 minutes) |
| <input type="checkbox"/> New task for this child | <input type="checkbox"/> Done with peer(s) | <input type="checkbox"/> More than 15 minutes |
| <input type="checkbox"/> Familiar task for this child | | |

Anecdotal Note: Describe what you saw the child do and/or heard the child say.

Thoughts from the Family:

Portfolio Collection Form for Infants and Toddlers

Child's Name _____ Date _____ Observer _____

Domain(s): Beginning to Build Concepts

Component(s) or Indicator(s): _____

Check off whatever applies to the context of this observation:

- | | | |
|---|---|--|
| <input type="checkbox"/> Child-initiated activity | <input type="checkbox"/> Done independently | <input type="checkbox"/> Time spent (1-5 minutes) |
| <input type="checkbox"/> Teacher-initiated activity | <input type="checkbox"/> Done with adult guidance | <input type="checkbox"/> Time spent (5-15 minutes) |
| <input type="checkbox"/> New task for this child | <input type="checkbox"/> Done with peer(s) | <input type="checkbox"/> More than 15 minutes |
| <input type="checkbox"/> Familiar task for this child | | |

Anecdotal Note: Describe what you saw the child do and/or heard the child say.

Thoughts from the Family:

Portfolio Collection Form for Infants and Toddlers

Child's Name _____ Date _____ Observer _____

Domain(s): Approaches to Learning

Component(s) or Indicator(s): _____

Check off whatever applies to the context of this observation:

- | | | |
|---|---|--|
| <input type="checkbox"/> Child-initiated activity | <input type="checkbox"/> Done independently | <input type="checkbox"/> Time spent (1-5 minutes) |
| <input type="checkbox"/> Teacher-initiated activity | <input type="checkbox"/> Done with adult guidance | <input type="checkbox"/> Time spent (5-15 minutes) |
| <input type="checkbox"/> New task for this child | <input type="checkbox"/> Done with peer(s) | <input type="checkbox"/> More than 15 minutes |
| <input type="checkbox"/> Familiar task for this child | | |

Anecdotal Note: Describe what you saw the child do and/or heard the child say.

Thoughts from the Family: