



## EXAMPLE: CHILD PARTICIPATION EVALUATION FORM

This form can be used to consider which children need additional support or enrichment, and when they need it. See the example evaluation form below for Shawna, a child in Marsha's class. A blank form is provided on the next page for use in your classroom.

Child's name: Shawna Teacher's name: Marsha Date: 9/24/14

Daily routines/Activities	What do we expect all children to do?	How is this child doing?	What's the concern?
Transitions	Stay with the group. Move between activities with calm and safe body, hang/retrieve coat and backpack for arrival/departure.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Needs support <input type="checkbox"/> Needs enrichment	
Circle time	Sit on a mat. Participate in activities. Use a safe body. Keep eyes on the teacher. Raise hand before talking.	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Needs support <input type="checkbox"/> Needs enrichment	Has a hard time sitting still. Gets fidgety and wiggly.
Small group time	Sit at the table. Participate in activity. Ask for and share materials with other children.	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Needs support <input type="checkbox"/> Needs enrichment	Draws and colors on others' work. Peers get frustrated.
Snack/Lunch time	Sit at the table. Have conversations with peers. Pass food when asked. Clean up when finished.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Needs support <input type="checkbox"/> Needs enrichment	
Center time	Explore the learning centers. Interact safely with toys and peers. Take turns with, and share materials.	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Needs support <input type="checkbox"/> Needs enrichment	Likes to be in dramatic play area, but ends up just wandering around. Doesn't seem to know what to do.
Toileting/Hand washing	Ask to use bathroom. Complete all steps of toileting. Wash hands.	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Needs support <input type="checkbox"/> Needs enrichment	Doesn't wash hands. Turns on the water, but then gets distracted and runs off.
Outdoor time	Explore the playground. Take turns with, and share equipment/toys. Play safe games.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Needs support <input type="checkbox"/> Needs enrichment	



## CHILD PARTICIPATION EVALUATION FORM

**Directions:** Think of a child in your class who is struggling to participate. First, list the activities that are part of your daily classroom routine. Next, write down the general expectations you have for all children during each activity or routine. Then think about how the child is doing during each of these daily classroom activities. Finally, for activities during which the child seems to need support or enrichment, specify the particular concern.

Child's name: \_\_\_\_\_ Teacher's name: \_\_\_\_\_ Date: \_\_\_\_\_

Daily routines/Activities	What do we expect all children to do?	How is this child doing?	What's the concern?
		<input type="checkbox"/> Good <input type="checkbox"/> Needs support <input type="checkbox"/> Needs enrichment	
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