



# Observation Guide For Initial Class Visit

**Child's Name**  **Date**

**Parent or Guardian**

**Teacher/Provider**

What are the child's individual needs?

What do I need to consider in planning for these needs in my classroom?

- Can the child access the classroom materials? If no, where are the areas of concern?

- Can the child move about in the classroom, on the playground, or in other areas of the program? If no, where are the areas of concern?

- Will the child be able to fully participate in classroom routines and activities? If no, which routines and activities will be difficult to access?

- What specialized supports does this child need (alone or quiet space; extra space during meals)?