

EARLY CHILDHOOD OBSERVATION FORM

Student Name _____ Date ____/____/____

Placement _____ Time ____ : ____ Age Group _____

Demonstrates a working competency in the **13 CDA Functional Areas** which provide for the total development of children.

_____ Safe	_____ Communication	_____ Families
_____ Healthy	_____ Creative	_____ Program Management
_____ Learning Environment	_____ Self	_____ Professionalism
_____ Physical	_____ Social	_____ Cognitive
_____ Guidance		

AREA	OBSERVATION

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White (ECE Instructor)

Yellow (Student)