

Portfolio Collection Form

Child's Name: _____ Date: _____ Observer: _____

Domains(s): _____

Learning goal(s) demonstrated in this documentation: _____

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 to 5 minutes) |
| <input type="checkbox"/> teacher-initiated activity | <input type="checkbox"/> done with adult guidance | <input type="checkbox"/> time spent (5 to 15 minutes) |
| <input type="checkbox"/> new task for this child | <input type="checkbox"/> done with peer(s) | <input type="checkbox"/> time spent (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 (attach a photo or work sample if appropriate).