

Prekindergarten Observation

Office of Special Education and Student Services
Department of Special Education
Rockville, Maryland
MONTGOMERY COUNTY PUBLIC SCHOOLS

INSTRUCTIONS

This observation should focus on areas of concern.

PART I: INFORMATION

Student Name: Last _____ First _____ MI _____ Student ID# _____

Form Completed By: Name _____ Title Position _____ Date ____/____/____

Observation: Start Time ____:____ End Time ____:____ Total Time _____ minutes

PART II: SETTING

Describe

PART III: OBSERVATION

Describe the task

Describe the child's performance

Yes No This observation reflects the child's typical performance in similar settings as reported by _____

Comments