



Parent Observation Guidelines for Preschool Programs

Name of Program: _____ Public or Private _____

Date: _____ Time: _____ # of Children in Class: _____

Names of Teacher & Administrator _____

Location: _____

Days: _____ School Hours: _____

Extended School Year? _____ Days: _____ School Hours: _____

Extended Day Care? _____ If no, transportation to day care? _____

THE LEARNING ENVIRONMENT

Activities I saw included:

- fine motor circle time art social interactions music
- gross motor books/stories fantasy/dress-up play speech/language

1. The equipment in the class is appropriate for my child Yes No
2. Rooms are large enough for active play and quiet play Yes No
3. Toys and materials can be reached by my child Yes No
4. My child's special equipment will fit in the space (if applicable) Yes No
5. The outdoor play area is safe and appropriate for my child Yes No
6. The furniture in the rooms is arranged so that the teacher can see all children Yes No
7. The sink and toilet can be reached by my child Yes No
8. The rooms are clean and decorated with children's work Yes No

Comments: _____

Questions: _____

PROGRAM AND ACTIVITIES

- There is a daily schedule Yes No
- The activities I see are appropriate for my child Yes No
- There are activities planned with non-disabled children Yes No
- Children are allowed to make choices Yes No
- Opportunities for structured play and free play Yes No
- Is the atmosphere in the classroom happy, relaxed? Yes No

Comments: _____

Questions: _____

FAMILY ACTIVITIES

- Parents may volunteer in the class Yes No
- Parent visits are encouraged Yes No
- Parents are a regular part of the program Yes No
- There is a parent support group Yes No
- The teacher communicates with parents using:
 - Notebooks Yes No
 - Phone calls Yes No
 - Email Yes No
 - Parent conferences Yes No
 - Home visits Yes No

Comments: _____

Questions: _____

PROGRAM STAFF

- Program staff have knowledge of the special needs in the class Yes No
- Number of staff meets needs of children Yes No
- The staff are sensitive to the cultural needs of the children Yes No
- Number of aides working in the classroom _____
- Do volunteers help in the classroom? Yes No

Comments: _____

Questions: _____

PROGRAM LOCATION

Is the school near my home? Yes No

Who provides transportation? Yes No

Will my child ride a bus? Take a taxi? Yes No

What is my child's commute time? _____

Comments: _____

Questions: _____

CHILD'S SPECIAL NEEDS

Will my child need to be potty-trained? Yes No

Will staff work on potty-training with my child? Yes No

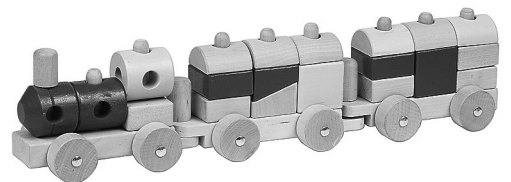
How does staff handle potty accidents? Yes No

Can I send in special food and/or medicine? Yes No

Who will feed my child and/or administer medication? _____

Comments: _____

Questions: _____



RELATED SERVICES FOR PRESCHOOL PROGRAMS: WHERE AND WHO?

Service/Goal	Provider's Name/Phone No.	Where is this service provided (at this site or another location)?
<i>Speech and Language</i>		
<i>Psychological and/or Behavioral</i>		
<i>Physical Therapy</i>		
<i>Occupational Therapy</i>		
<i>Services for visually or hearing impaired</i>		
<i>Bilingual services</i>		
<i>Specialized healthcare</i>		