Parent Observation Guidelines for Kindergarten Programs

What happens when my child starts Kindergarten?

Name of Program:________________________________________________
Date:___________________________Time: ___________________________
Name of Teacher:_________________________________________________
Location:________________________________________________________
Name of administrator: ____________________________________________

THE LEARNING ENVIRONMENT

Activities I saw included:
☐ fine motor activities
☐ circle time (group activities and songs)
☐ gross motor activities
☐ art activities
☐ books and stories
☐ academics: literacy, math, science

Comments:_______________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

PROGRAM AND ACTIVITIES

There is a daily schedule       ___Yes    ___No
The activities I see are appropriate for my child    ___Yes    ___No
There are opportunities to learn and play with non-disabled peers ___Yes    ___No
Children are allowed to make choices     ___Yes    ___No

Comments:_______________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

FAMILY ACTIVITIES

Parents may volunteer in the class ___Yes ___No
There is a system for home/school communication    ___Yes ___No

The teacher communicates with parents using:
Notebooks ___Yes ___No
Email ___Yes ___No
Phone calls ___Yes ___No
Parent conferences ___Yes ___No

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FAMILY ACTIVITIES (continued)

Comments:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Questions:
_____________________________________________________________________________

PROGRAM STAFF

Program staff are knowledgeable of the special needs of children with disabilities ___Yes ___No

I am comfortable with the number of staff and the number of children in the class ___Yes ___No

The staff are sensitive to the cultural needs of the children ___Yes ___No

Are there aides working in the classroom? ___Yes ___No

Do volunteers help in the class room? ___Yes ___No

Comments: ______________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Questions for Follow Up:
1. _____________________________________________________________________________
2. _____________________________________________________________________________
3. _____________________________________________________________________________