

Rose³ Individual Observation Check List

Experience Observed/Evaluated _____

Child's Name:

Age:

Date:

E.Y.L.F. Outcomes or Indicators clearly observed?

Outcome 1

Outcome 2

Outcome 3

Outcome 4

Outcome 5

Key Learning Areas /Skills and Knowledge

Numeracy and mathematical concepts:

Number

Measurement

Shape

Pattern/Sequence

Mathematical Language

Positional Language

Literacy: Vocabulary

Listening

Speaking

Reading

Writing

Comprehension

SOSE

The ARTS

Science

Health and Physical Education

Technology

Learning Experience Evaluation:

Did the child easily understand the instructions? Yes/ No If No, Why?

Was a demonstration needed first before child understood? Yes/No

Did the child enjoy the experience? Yes/No. Why?

Where they Very Interested

Involved

Not Interested

Did the experience need to be modified for child? What level of adult support was required High Medium Low?

Suggested changes and improvements?

General Comments (Comments from child and educator):

Linked Experiences/Future Planning

Comments from Parent/Guardian:

Photographic Evidence see reverse