

## Rose<sup>3</sup> 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 or require all of adult support?

Suggested changes and improvements?

**General Comments (Comments from child and educator):**

**Linked Experiences/Future Planning**

Comments from Parent/Guardian:

Photographic Evidence see reverse