



PRESCHOOL OBSERVATION CHECKLIST



Name: _____ **Address:** _____ **Phone:** _____

This checklist is intended to assist parents when considering preschool placement options for their child. The information should be obtained through observation and discussion with the prospective teacher (s) and IEP team. Use the checklist when interviewing the Teacher and as a guide for your observation of the preschool classroom.

Observation Checklist Items	Yes	No	Not Required	Comments
What are the program hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total number & maximum # of children in the classroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What is the ratio of adults to children in the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Would my child be in this program if he/she did not have a developmental delay or disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will my child interact with typically developing peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What is the programs transportation policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What is your sick child policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How is medication administration handled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What will my child be doing on any given day? Is there a curriculum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there a variety of centers (fine motor, art, manipulatives, science, music, sensory, literacy)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For group activities, do children sit on the floor or in chairs? Can the child join the group easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will the arrangement of the room allow my child to move about freely? Is there room for any equipment a child may need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are therapy services incorporated into program activities? Is the child pulled out for those services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you offer a gym program? How often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are activities modified to meet a variety of children's needs based on their IEP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How is communication encouraged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Observation Checklist Items	Yes	No	Not Required	Comments
What techniques are used to elicit positive behavior from children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a safe enclosed outside play area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How do you discipline a child? How do you comfort a child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are self care skills included in daily routines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What are the schools policies around potty training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What kind of security measures are in place to assure the safety of the children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is a bathroom easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do the children eat while they are at the program? (snacks, milk, juice, lunch) If so, where?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can meals and eating area be modified as need for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do the children nap or have rest time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a daily method of communication between the teacher (s) and parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do program staff appear open to suggestions from families and others? Are they kind to the children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do the children appear happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the children actively involved with the materials and each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How often are the toys and materials cleaned? Was the program clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What do you expect from me as a parent? What supplies are parents obligated to provide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the program take field trips? Do community members visit and interact with the children (Police, Fire)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a Special Education Parent Advisory Group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other?				