



Time2Homeschool | Observation Checklist

Use this checklist to capture small, meaningful moments in your child's daily routines.

These observations help your team understand how your child communicates, moves, plays, and connects with others.

Daily Routines & Engagement

Check all behaviors you notice during everyday activities.

Morning Routine

- ☐ Responds to name
- ☐ Smiles or makes eye contact
- ☐ Follows simple directions (e.g., "come here")
- ☐ Shows interest in familiar people
- ☐ Appears tired/overstimulated in the morning

Playtime

- ☐ Explores toys independently

- ☐ Watches others play
- ☐ Repeats the same play actions
- ☐ Uses gestures (pointing, reaching, waving)
- ☐ Pretend play (feeding doll, pushing cars)
- ☐ Avoids certain textures or toys
- ☐ Has difficulty staying with an activity

Feeding

- ☐ Eats a variety of textures
- ☐ Prefers specific foods only
- ☐ Difficulty chewing or swallowing
- ☐ Uses fingers to self-feed
- ☐ Uses spoon/cup with support

Communication

- ☐ Makes sounds (cooing, babbling)
- ☐ Uses single words
- ☐ Uses short phrases
- ☐ Imitates sounds/words
- ☐ Uses gestures to communicate
- ☐ Limited sounds or speech
- ☐ Frustrated when not understood

Movement

- ☐ Rolls

- ☐ Sits independently
- ☐ Crawls
- ☐ Pulls to stand
- ☐ Cruises
- ☐ Walks without support
- ☐ Climbs frequently
- ☐ Difficulty with balance

Social Interaction

- ☐ Enjoys peek-a-boo or simple games
 - ☐ Looks at caregiver's face for reassurance
 - ☐ Seeks comfort when upset
 - ☐ Plays near other children
 - ☐ Difficulty separating from caregiver
 - ☐ Rarely looks toward people
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Sensory Observations

Check any sensory preferences or challenges.

Sounds

- ☐ Covers ears
- ☐ Overreacts to loud noises
- ☐ Appears unaware of quiet sounds

Touch

- ☐ Avoids certain textures
- ☐ Seeks extra touch/pressure
- ☐ Enjoys messy play
- ☐ Avoids messy play

Movement

- ☐ Constantly seeking movement
 - ☐ Avoids swings or climbing
 - ☐ Becomes upset during transitions
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Communication Examples

Write a few examples of how your child tries to communicate.

Behavior Notes

Describe any recurring behaviors, frustrations, or patterns.

Use this to provide a quick snapshot for your Service Coordinator.

What went well this week?

What was challenging?

Any new behaviors or milestones?

Parent Signature (Optional)

Signature: _____

Date: _____

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