



INCREASING AWARENESS OF CHILD-PARTICIPATION: FACILITATOR GUIDE

This is an opportunity to think about when a specific child in your class might need some additional support in order to participate. This increased awareness will help you determine if and when a curriculum modification could be useful.

Directions: Think of a child in your class that is struggling to participate at one or more times throughout the day and fill out the *Child-Participation Evaluation* form below. In the first column, write in the activities that are a part of your daily classroom routine. In the second column, write down your general expectations for children during each of the listed activities/routines. In the third column, think about how this child is doing in that activity/routine and check “good” or “needs support.” In the last column, for each activity in which the child needs support, specify the particular concern that you have.

Child-Participation Evaluation

Child's name: Shawna Teacher's name: Marsha Date: 9/28/12

Daily routines/activities	What do we expect children to do?	How is this child doing?	What's the concern?
Transitions	Stay with the group. Move between activities with calm and safe body, hang/retrieve coat & backpack for arrival/departure.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Needs support	
Circle Time	Sit on a mat. Participate in activities. Use a safe body. Eyes on the teacher. Raise hand before talking.	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Needs support	Has a hard time sitting still. Gets really fidgety and wiggly.
Small group time	Sit at the table. Participate in activity. Ask for and share materials with other children.	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Needs support	Ends up drawing and coloring on other's work. Peers get frustrated.
Snack/lunch time	Sit at the table. Have conversations with peers. Pass food when asked. Clean up when finished.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Needs support	
Center time	Explore the learning centers. Interact safely with toys and peers. Take turns with and share materials.	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Needs support	Likes to be in dramatic play area, but ends up just wandering around. Doesn't seem to know what to do.
Outdoor time	Explore the playground. Take turns with and share equipment/toys. Play safe games.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Needs support	



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Child-Participation Evaluation

Child’s name: _____ Teacher’s name: _____ Date: _____

Daily routines/activities	What do we expect children to do?	How is this child doing?	What’s the concern?
		<input type="checkbox"/> Good <input type="checkbox"/> Needs support	
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For more information, contact us at: NCQTL@UW.EDU or 877-731-0764

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