



CHILD-PARTICIPATION EVALUATION: FACILITATOR GUIDE

This tool is intended to help you determine what children are potentially in need of a curriculum modification and when the support is needed.

Below is an example of a completed *Child-Participation Evaluation*. Following is a blank *Child-Participation Evaluation* form for use in your classroom.

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 & back pack 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.
Toileting/ hand washing	Ask to use bathroom. Complete all steps of toileting. Wash hands.	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Needs support	Doesn't wash hands. Turns on the water, but then gets distracted and runs off.
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	



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	
		<input type="checkbox"/> Good <input type="checkbox"/> Needs support	
		<input type="checkbox"/> Good <input type="checkbox"/> Needs support	
		<input type="checkbox"/> Good <input type="checkbox"/> Needs support	
		<input type="checkbox"/> Good <input type="checkbox"/> Needs support	
		<input type="checkbox"/> Good <input type="checkbox"/> Needs support	
		<input type="checkbox"/> Good <input type="checkbox"/> Needs support	



For more Information, contact us at: NCQTL@UW.EDU or 877-731-0764

This document was prepared under Grant #90HC0002 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, by the National Center on Quality Teaching and Learning.

WINTER 2013



SELF REFLECTION: WHAT MODIFICATIONS DID I USE THIS WEEK?

This tool can support teachers to reflect on their current practice and in improving their understanding of the different types of modifications.

Child's name: _____ Teacher's name: _____ Date: _____

Child	What was the problem?	What did I do?	What type of modification is this?



For more Information, contact us at: NCQTL@UW.EDU or 877-731-0764

This document was prepared under Grant #90HC0002 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, by the National Center on Quality Teaching and Learning.

WINTER 2013