



## 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	



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