|  |  |
| --- | --- |
| Parental Observation SheetName of child: Date: | Parental Observation SheetName of child: Date: |
| My child was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and this is what they did and said on their own. | My child was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and this is what they did and said on their own. |