

Child Routine Assessment Worksheet

Date _____

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

Classroom activities	Classroom expectations	Child's level of performance
Arrival	Beginning	Strength: _____
	Middle	Average: _____
	End	Area of concern: _____
Circle time	Beginning	Strength: _____
	Middle	Average: _____
	End	Area of concern: _____
Small group	Beginning	Strength: _____
	Middle	Average: _____
	End	Area of concern: _____
Transitions	Beginning	Strength: _____
	Middle	Average: _____
	End	Area of concern: _____
Snack	Beginning	Strength: _____
	Middle	Average: _____