Weekly Planning and Observation Form

Teacher(s)_____ **Week of**_____ **Observation Focus:**	**Individual Goals / Child Initials:**	**Group Goals:** **Area / Goal** **Area / Goal**

Planning for Interactions and Routines

	Monday	Tuesday	Wednesday	Thursday	Friday
Large Group Time					
Special Small Group Activities					
Physical Activity					
Self Care & Other Daily Routines					

Planning for the Environment: Child Initiated Choices / Center Activities

Dramatic Play	**Sensory Table**	**Library / Writing / Listening**	**Table Toys / Math**	**Science**
Music	**Art**	**Blocks**	**Computer/Cooking**	**Outdoors**