

Information for Team Around the Child Panel: Focused Observation Record		
Child's name:	Date:	Time of observation:
<u>Identified Focus for Observation (Following completion of MAT)</u>		
<u>Area of Learning</u>	<u>Identified age band (Following completion of MAT)</u>	
Context of observation		
<u>Where is observation taking place?</u>		<u>What activity is being observed?</u>
<u>Number of children</u>	<u>Nature of support observed</u>	<u>Is activity Independent choice/ adult initiated/adult led?</u>
	Independent / no support	
	Whole group	
<u>Number of staff</u>	Small Group (number of children)	
	1:1	
	Play partner	
	Other (Please describe)	

Detailed Observation

Empty observation area for detailed notes.

Key points from Observation
Next steps

Practitioner's Signature: _____

Practitioner's Name (printed) and role: _____