

Permission Slip for Parents

Permission to observe

Dear parent / guardian,

I am a student who is currently studying in CHC50121 Diploma of Early Childhood Education and Care. I seek your permission to observe your child over the next four weeks by using different types of observation recording techniques. As this will be my first formal observation as a diploma student, the observations I make of your child may not be accurate.

This observation is confidential and details of your child will not be released to anyone without your consent.

If you have any queries regarding my observations, please speak to my lecturer from Australia International Institute of Workplace Training (AIWT) on:
08 9249 9688.

Thank you for your help.

Yours sincerely (_____) *name of student*

I, _____ give permission for my child _____ to be observed.

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Template A
Planned Play Experience

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of experience | |
| Date of implementation | |
| Age group | |
| Group size | |
| Purpose of the experience | |
| Time required | |
| Resources required | |
| Location | |
| Activity limits | |
| Implementation of the activity <i>Include things such as:</i> <i>Beginning:</i> <ul style="list-style-type: none"> <i>How will the activity be set up?</i> | |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>Middle:</p> <ul style="list-style-type: none"> • <i>How will the activity run?</i> • <i>What will your role be?</i> • <i>What will you say?</i> <p>End:</p> <ul style="list-style-type: none"> • <i>How will you dismiss/transition the children?</i> | |
| <p>Developmental domain</p> | |
| <p>Learning outcome/s</p> | |
| <p>Evaluation/reflection</p> <ul style="list-style-type: none"> • <i>How did the children respond? (What did they say and do?)</i> • <i>What did the children learn from the experience?</i> <p>Educators self-reflection</p> <ul style="list-style-type: none"> • <i>How did you do?</i> • <i>What can you do better or different next time?</i> | |

| | |
|-----------------------|--|
| Follow up experiences | |
| Theorist | |

Feedback from room supervisor:

Name of supervisor: _____

Signature: _____ Date: _____

Name of student: _____

Signature: _____ Date: _____

Name of assessor: _____

Signature: _____ Date: _____

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Signature: _____ Date: _____



Staff Meeting Template E

Staff Meeting Agenda

Date:
Time:
Location:
Please bring:
Please read:

Agenda Items

Other Items



Staff Meeting Agenda

Date:
Attendants:
Apologies:
Minutes by:

Agenda Notes

Next Meeting:
Time Meeting Closed:



Staff Meeting Template E

Staff Meeting Agenda

Date:
Time:
Location:
Please bring:
Please read:

Agenda Items

Other Items



Staff Meeting Agenda

Date:
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Apologies:
Minutes by:

Agenda Notes

Next Meeting:
Time Meeting Closed:

Excursion Risk Assessment

Template F

Risk assessment template - Excursions

Approved providers, nominated supervisors and family day care educators must ensure a risk assessment is carried out before children are taken outside the service premises on an excursion. Prior authorisation must also be obtained from parents or other authorised nominees.

ACECQA has prepared this template to assist services in undertaking risk assessments before children leave the service premises as part of an excursion, which services may wish to incorporate within their own risk assessment material.

Regulation 101 of the Education and Care Services National Regulations includes the minimum risk assessment considerations for excursions, including specific considerations when an excursion involves transporting children.

Note: A risk assessment is only required to be completed at least once for a 12 month period if the excursion is a *'regular outing**' .

** Regular outing:* means a walk, drive or trip to and from a destination that the service visits regularly as part of its educational program, and where the circumstances relevant to the risk assessment are substantially the same on each outing.

| Service Name | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Excursion details | |
| <p>Date (s) of excursion.</p> <p>If it is a regular outing include a description of when children are to be taken on regular outings.</p> | |
| <p>Proposed activities.</p> <p>List all activities that will take place during the excursion.</p> | |
| <p>Pick up location and destination (s).</p> <p>List each location travelled to and from as part of the excursion. E.g. the museum, park for lunch and service.</p> | |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <p>Estimated departure and arrival times and duration of the excursion.</p> <p>E.g. from the service to each destination and returning to the service.</p> | |
| <p>Proposed route</p> <p>You can include an image of the route sourced online.</p> | |
| <p>Means of transport</p> <p>E.g. public bus, private bus, coach, private car, taxi, tram</p> | |
| <p>Requirements for seatbelts or safety restraints in your state or territory have been met.</p> | <p>Yes / No</p> <p>Comment:</p> |
| <p>Number and full names of each adult involved in the excursion.</p> <p>E.g. service staff, family members, volunteers</p> | |
| <p>The number of educators / responsible adults, appropriate to provide supervision, and</p> | |

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <p>whether any adults with specialised skills are required. E.g. for children's individual needs.</p> | |
| <p>The number of children involved in the excursion.</p> | |
| <p>Any water hazards during the excursion, including any risks associated with water-based activities? If yes, detail in the risk assessment table below.</p> | <p>Yes / No Comment:</p> |
| <p>Educator to child ratio, including whether this excursion warrants a higher ratio. Provide details in the risk assessment table below.</p> | |
| <p>Describe the process for entering and exiting the service premises and the pick-up location or destinations (as required); (include how each child is accounted for):</p> | |

Describe the procedures for embarking and disembarking the vehicle (include how each child is accounted for in embarking and disembarking):

| Excursion checklist – items to be readily available during the excursion (please tick) | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> First aid kit | <input type="checkbox"/> List of adults involved in the excursion |
| <input type="checkbox"/> List of children involved in the excursion | <input type="checkbox"/> Contact information for each adult |
| <input type="checkbox"/> Contact information for each child | <input type="checkbox"/> Mobile phone / other means of communicating with the service & emergency services |
| <input type="checkbox"/> Medication, health plans and risk assessments for individual children | <input type="checkbox"/> Other items, please list |

Use the table below to identify and assess risks to the safety, health or wellbeing of children attending the excursion, and specify how these risks will be managed and minimised [regulation 101(1)]. This must include any risks associated with water-based activities.

| Risk assessment | | | | | |
|-----------------|-------------------|------------------------------|------------------------------|-----|------|
| Activity | Hazard identified | Risk assessment (use matrix) | Elimination/control measures | Who | When |
| | | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

(Press tab to add more rows)

| | |
|-------------|-------------|
| Risk Matrix | Consequence |
|-------------|-------------|

| | | Insignificant | Minor | Moderate | Major | Catastrophic |
|------------|----------------|---------------|----------|----------|----------|--------------|
| Likelihood | Almost certain | Moderate | High | High | Extreme | Extreme |
| | Likely | Moderate | Moderate | High | Extreme | Extreme |
| | Possible | Low | Moderate | High | High | Extreme |
| | Unlikely | Low | Low | Moderate | High | High |
| | Rare | Low | Low | Low | Moderate | High |

| | | |
|-------------------|--------------------------|-------|
| Plan and Review | | |
| Plan prepared by: | Full name: Signature: | Date: |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--|
| | Role/Position: | |
| Prepared in consultation with: | Full name: Signature: Role/Position: | |
| Communicated to all relevant staff: | Yes / No Comment if needed: | |
| Vehicle safety information reviewed and attached: | Yes / No Comment if needed: | |
| Risk assessment to be evaluated and reviewed on: A risk assessment must be undertaken prior to an excursion being undertaken (and before seeking authorisation for that excursion to be undertaken - see regulation 102). If the excursion is a <i>'regular outing'</i> *, a risk assessment must be undertaken <i>at least</i> annually. | Date: | |

Sustainability



Small Green Steps to embed sustainable practices

This article has been provided by sustainability expert and Tony Innes the managing director of [Sustainable Directions](#), the company which created [Small Green Steps](#) an online sustainability resource specifically developed for the education and care sector.

Most early learning and care services around Australia embrace the concept of sustainability in some shape or form. This generally entails the employment of basic recycling practices or teaching children the joys of keeping chickens. However the National Quality Framework requires a great deal more and requires evidence that "sustainable practices are embedded in service operations."

So how do you embed sustainable practices throughout your service? By taking the following small green steps, you will go a long way to ensuring that sustainability becomes second nature for educators and children at your centre.

Step 1 – Establish a Green Team

The biggest mistake that Centre Directors often make is to allocate sustainability to an individual staff member. However embedding sustainable practices across the organisation requires a team effort and needs to be led by the Centre Director. Establishing a Green Team or Environmental Committee made up from passionate employees will produce quicker and more effective results. This is also an opportunity to involve parents who may have environmental experience or a passion for sustainability.

Step 2 – Develop a Sustainability Policy

The next step is to create a policy that spells out your main environmental objectives and lists the main areas that you will focus on e.g. energy

efficiency, waste management, environmental education etc. An important aspect of your Sustainability Policy is the development of a Commitment Statement. This should be a short statement that concisely articulates your overall environmental aim. An example of a Commitment Statement is "we at XYZ Early Learning Centre are committed to playing our part in making the planet a cleaner place to live, for the sake of current and future generations". This statement will serve as the foundation of all your environmental strategies and should be communicated regularly to staff, parents and external partners.

Step 3 – Prepare a Sustainability Action Plan

To fail to plan is to plan to fail, therefore it is important that you list and prioritise your sustainability strategies by developing an action plan. The action plan should include a deadline for each action and list the person who will be responsible for ensuring the deadline is met. Resist the temptation to do everything in the first few months. You will have more chance of success if your action plan contains a small number of achievable activities. Your action plan should include operational activities as well as educational projects involving children.

Step 4 – Track your Carbon Emissions

You can't manage what you don't measure. So, if one of your objectives is to reduce your carbon emissions, you need to keep track of your carbon emitting activities. For a typical childcare or family day care centre, the major sources of carbon emissions are generally the everyday use of electricity, gas and transport fuels as well as the waste that is sent to landfill. As a result, the easiest way to keep track of your carbon footprint is to record the use of electricity, gas and water from your utility bills on to a simple spreadsheet. This data can then be graphed over time to see if any trends are emerging. Remember to record usage rather than dollars as energy prices can fluctuate over time. The volume of waste that your service generates should also be tracked, particularly the waste that is confined to landfill. This can be measured on a weekly basis in terms of cubic metres or can be recorded as the number of rubbish bins collected. If your service operates a mini bus or is a heavy user of transport fuels, you should also keep track of your vehicle mileage using a spreadsheet or logbook.

Step 5 – Reduce Your Carbon Emissions

The use of electricity for heating, cooling, lighting, cooking, washing and drying clothes and using other electronic appliances is generally one of the main areas of carbon emissions for a typical childcare or family day care centre. Some simple energy efficiency strategies such as turning off unused appliances to avoid standby power and using energy efficient light bulbs will go a long way to reduce your carbon footprint as well as minimising your

electricity bill. Introducing simple waste management principles such as reusing, refusing and recycling will gradually reduce the amount of waste that you send to landfill over time. Having tracked your main carbon emitting activities in the previous step, you should start to see some encouraging reductions in your electricity, gas and waste data.

Step 6 – Involve Children and Parents

In order to embed sustainability across your operations it is important to involve children in your activities and to teach them an appreciation of nature and the environment. This could range from some basic recycling activities, games involving natural resources to the introduction of a worm farm or chickens to reduce waste from food scraps. There are a number of sustainable educational resources currently available such as the "Backyard in a Box" series that will greatly assist Early Learning Educators engage with young children. Consistent application of sustainable activities will establish responsible practices in children at an early age and will have a long lasting positive impact for many years to come. Water saving activities and an appreciation of water harvesting using water tanks will also set a positive example for the next generation. Parents should also be encouraged to play their part by introducing energy efficiency practices at home and can help reduce your Centre's waste figures by preparing plastic free lunch boxes for children.

Step 7 – Supply Chain Review

Once all the above steps have been taken, you should then turn your attention to your supplies and suppliers. You should review all your current supplies, consider their impact on the environment and then look for alternatives that have less impact. For example, you can look at switching to products that are made from recycled material or packaged in biodegradable material. Your major suppliers should also be reviewed by completing a simple sustainability questionnaire that asks them to provide details of what they are doing to reduce their impact on the environment. Preference should be given to suppliers that have more synergy with your sustainability objectives.

Summary

The journey to sustainability does not have to be painful and by following the above small green steps, your centre will be in a very good position to demonstrate that sustainable practices are embedded across your service operations.



| Check | Y | N | Comments |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|----------|
| Ventilation - Windows are working - Kitchen fans checked and maintained - Air vents clear of obstructions | | | |
| Moisture - Checks made for moisture, leaks are recorded and repaired | | | |
| Furniture and Fittings - couches and cushions dust free - carpets are steamed clean - items contain no hazardous materials - dust harbouring items avoided | | | |
| Repairs - added to maintenance chart/book - professional advice sought | | | |
| Outdoor Environment - walking and use of public transport for excursions are encouraged - information about public transport provided | | | |

Outline Strategies That Need To Be Implemented

| | |
|---------------|-------|
| Completed by: | Date: |
|---------------|-------|



| Check | Y | N | Comments |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|----------|
| <p>Hazardous Chemicals</p> <ul style="list-style-type: none"> - products used do not contain hazardous chemicals - chemicals are securely stored following OH&S guidelines - recycled materials are non-toxic - solvent free glues are used - natural and water based paints are used | | | |
| <p>Allergies</p> <ul style="list-style-type: none"> - staff aware of children’s food allergies | | | |
| <p>Food</p> <ul style="list-style-type: none"> - fresh unprocessed food used - foods with additives and colouring avoided - food additive guide available - fruits and vegetables washed before use | | | |
| <p>Gardening</p> <ul style="list-style-type: none"> - compost and natural fertilizers used - non-toxic sprays used for all plants | | | |
| <p>Cleaning</p> <ul style="list-style-type: none"> - nontoxic cleaning products used - micro fibre cloths used - chemical air fresheners not used - aerosol cans not used | | | |

Outline Strategies That Need To Be Implemented

Completed by: _____ Date: _____



| Check | Y | N | Comments |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|----------|
| <p>Lights</p> <ul style="list-style-type: none"> - turned off when not in use - lower voltage of bulbs - using natural light | | | |
| <p>Kitchen</p> <ul style="list-style-type: none"> - small appliances preferred - pots close to burner size - pots covered when cooking - oven doors closed during cooking - fridge maintained and seals intact | | | |
| <p>Temperature Control</p> <ul style="list-style-type: none"> - heaters & AC's are correctly installed and operating efficiently - staff, children wear warm clothes during winter - doors seals installed - windows curtained - good cross ventilation | | | |
| <p>General</p> <ul style="list-style-type: none"> - appliances turned off when not in use - energy rating on all new purchases checked - low wattage and small appliances preferred - time switch to turn off appliances is installed | | | |

Outline Strategies That Need To Be Implemented

| | |
|---------------|-------|
| Completed by: | Date: |
|---------------|-------|



| Check | Y | N | Comments |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|----------|
| <p>Shopping</p> <ul style="list-style-type: none"> - products bought in bulk - re-usable containers used - cloth shopping bags are used during purchases - limit the use of plastic shopping bags | | | |
| <p>Recycling</p> <ul style="list-style-type: none"> - recycled cardboard, paper, etc. used - parents contribute recycled materials - both sides of paper are used in the office - envelopes are reused - baskets provided for recyclable paper - bins provided for recycle craft waste | | | |
| <p>Kitchen</p> <ul style="list-style-type: none"> - crockery used rather than disposable utensils - containers used for food, rather than plastic wrap - separate recycling bins are used for kitchen waster and packaging - food waste composted - food waste added into worm farm - cotton dishcloths are used | | | |

Outline Strategies That Need To Be Implemented

| | |
|---------------|-------|
| Completed by: | Date: |
|---------------|-------|



Sustainability Checklist - Water

| Check | Y | N | Comments |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|----------|
| <p>Taps</p> <ul style="list-style-type: none"> - are not dripping - easy to turn off - “turn off taps” signs in place | | | |
| <p>Toilets</p> <ul style="list-style-type: none"> - don’t constantly run - dual flush - adjusted to use less water | | | |
| <p>Kitchen</p> <ul style="list-style-type: none"> - fruits and vegetables not washed under running water - cold water kept in fridge for washing | | | |
| <p>Cleaning Up</p> <ul style="list-style-type: none"> - water not wasted during clean up - water not wasted when washing hands | | | |
| <p>Outdoor Areas</p> <ul style="list-style-type: none"> - outside area are cleaned with a broom rather than a hose - native plants growing - gardens are mulched - rainwater is collected - water restriction followed - water play doesn’t waste water | | | |
| <p>Waterways and Sewage</p> <ul style="list-style-type: none"> - food scraps, oils, paints etc. not washed down the sink - food scraps used in compost bin or worm farm - oil put in containers - paint disposed correctly - outside drains kept clear of leaves | | | |

Outline Strategies That Need To Be Implemented

| | |
|---------------|-------|
| Completed by: | Date: |
|---------------|-------|



Template K

Self-evaluation Form

This form can be used in lieu of conducting a Self-Assessment based upon specific performance expectations. This form can be used to generate discussion about general aspects of the work placement.

Name: _____

Date: _____

Room: _____

Review Period: _____

Please complete the questions listed below and return to your assessor. As you complete the form, consider your own personal performance as it relates to your current job description and expectations for the review period.

1. Do you understand the requirements of your job?

Yes ___ No ___ If no, what aspects of your job need clarification?

2. What changes in duties or priorities did you face during the review period and how did you handle them?

3. What are your strengths (the things you do well) and how do you put them to use during your work placement?

4. What are your weaknesses (the things you don't do so well) and how do they impact your work placement?

5. What would help you enhance your performance (training, equipment, etc.)?

6. What are your expectations for the coming evaluation period?

7. How would you rate your overall performance for this review period?

| | 1 | 2 | 3 | 4 | 5 |
|----------------------|---|---|---|---|---|
| Outstanding | | | | | |
| Exceeds expectations | | | | | |
| Meets expectations | | | | | |
| Below expectations | | | | | |
| Unsatisfactory | | | | | |

Feedback from assessor:

Student signature: _____ Date: _____

Assessor signature: _____ Date: _____

Template B

Outdoor Safety Checklist

| | Item | Yes | No | N/A |
|----------|-----------------------------------------------------------------------------------------------------------------------|-----|----|-----|
| 1 | Outdoor environment | | | |
| | Is the site clear of litter and dangerous objects? | | | |
| | Are the trees free from potential falling deadwood and other hazards (e.g. pointed or broken branches at eye height)? | | | |
| | Is access to the site in good condition and clear of obstruction? | | | |
| 2 | Swings | | | |
| | Is the main frame safe and secure? | | | |
| | Are all moving parts in working order? | | | |
| | Are seats and attachments in good condition? | | | |
| | Are chains and shackles in good condition? | | | |
| | Are all bolts in place and secure? | | | |
| | Are posts treated/painted when necessary to prevent rotting or splintering? | | | |
| 3 | Slides | | | |
| | Is the main frame safe and secure? | | | |
| | Is the sliding surface clear of obstructions? | | | |
| | Is the sliding surface secure and free of gaps from side rails? | | | |
| | Are the surfaces free from rust, rotting or splintering? | | | |
| 4 | Structures (including portable structures) | | | |
| | Is the main frame safe and secure? | | | |
| | Are timber posts sound and free of large structural cracks and splinters? | | | |
| | Are timber floors and palings stable and free of large cracks and splinters? | | | |
| | Are all nail heads flush with timber (not protruding)? | | | |
| | Are all bolts in place and secure? | | | |
| | Are all joints and connections firm (not loose)? | | | |
| | Are chains and ropes secure and in good condition? | | | |
| | Are all components in place (none missing)? | | | |
| | Are frames maintaining shape (not distorted)? | | | |
| | Are surfaces free from rust or rot? | | | |
| | | | | |
| 5 | Sandpit | | | |
| | Is the sandpit regularly raked, weeded and checked for dangerous objects (i.e. daily)? | | | |
| | Is the sand replaced or replenished when necessary? Are borders free of splinters, exposed nails and pins? | | | |
| | Is the sandpit covered when not in use? | | | |
| 6 | Impact absorbing materials | | | |

| | | | | |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|--------------|
| | Is the material loosened and leveled with a rake and cleared of objects to prevent compaction? | | | |
| | Is the material maintained to recommended compacted depth depending on fall height? (minimum compacted depth of 300 mm – refer to KidSafe resources for more detail) | | | |
| | Are borders free of splinters, exposed nails and pins? | | | |
| 7 | Grassed Areas | | | |
| | Is the grass well maintained (does not need mowing, reseeding or other care)? | | | |
| 8 | Other potential risks | | | |
| | Are tyres and other areas free of spiders or other dangerous insects/animals? | | | |
| <p>Additional comments or actions required:</p> | | | | |
| Signed | | Name: | | Date: |

Inclusion Improvement Plan (IIP) *previously known as a Service Support Plan (SSP)*

The Inclusion Improvement Plan (IIP) assists educators to focus on their needs, goals and actions to facilitate the inclusion of all children within an identified care environment.

When developing the IIP an early childhood education and care (ECEC) service and educators are documenting actions to build their capacity to effectively include all children including those with additional needs. Children with additional needs for the purpose of the Inclusion and Professional Support Program (IPSP) are those:

- with disability, including children with ongoing high support needs
- from culturally and linguistically diverse (CALD) backgrounds
- from a refugee or humanitarian intervention backgrounds
- who are Indigenous

The IIP includes the Quality Areas of the National Quality Standards (NQS) to assist services to inform the Quality Improvement Plan (QIP) and to use as evidence to support the NQS assessment and ratings process.

Educators will regularly evaluate their progress and achievements against the IIP and develop a new IIP at least every 12 months. New IIPs must be informed by the evaluation of the previous IIP and the growth in capacity to include all children.

Tip sheets, aimed at assisting services and Inclusion Support Facilitators (ISFs) when developing and evaluating an IIP, are available on the KU website www.ku.com.au. Section F.1 of the IPSP Guidelines provides an overview of IIPs on the Department of Education website at docs.education.gov.au/node/3226.

A. Service Information

| ECEC service details | |
|-------------------------------|------------|
| Name: | |
| Care Environment: | Care type: |
| Name of Coordinator/Director: | |
| Telephone: | Fax: |
| Email: | |
| Location Address: | |

| Inclusion Support Agency (ISA) details | |
|----------------------------------------|------|
| Name: | |
| ISA Region Number: | |
| Name of ISF: | |
| Telephone: | Fax: |
| Email: | |
| Location Address: | |

B. Service Review

What are the issues and dynamics that impact on the service's capacity to include children with additional needs?

Educator Needs

What are the issues and practices which are impacting on the educators' capacity to provide a care environment inclusive of all children?

C. Educator Capacity Building Plan – Consider the National Quality Standards, including National Learning Frameworks such as EYLF and My Time, Our Place and the service’s Quality Improvement Plan when developing this plan. Note: rows not requiring input may be deleted.

| Team Goals | Action Plan | Resources | Progress Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| What outcomes do you want to achieve within this care environment? <i>These goals address the educator needs and the issues identified in the service review</i> | What are the steps you will take to reach your Team Goals? | What resources will be used to assist educators to provide a care environment inclusive of all children? | What has been achieved so far? What difference has it made? Are there any adjustments to your Action Plan? |
| QA 1 Educational Program and Practice | | | |
| | | | |
| QA 2 Children’s Health and Safety | | | |
| | | | |
| QA 3 Physical Environments | | | |
| | | | |

| Team Goals | Action Plan | Resources | Progress Notes |
|----------------------------------------------------------------------|-------------|-----------|----------------|
| QA 4 Staffing Arrangements | | | |
| | | | |
| QA 5 Relationships with Children | | | |
| | | | |
| QA 6 Collaborative Partnerships with Families and Communities | | | |
| | | | |
| QA 7 Leadership and Service Management | | | |
| | | | |

Date IIP Finalised: _____ Review date/s: _____

Template P

Running Observation record sheet

Child's Name: _____

Child's D.O.B: _____

Observation Date: _____

Student Name: _____

| Running Observation | Interpretation of observation |
|---------------------|-------------------------------|
| Time Started: | Time completed: |
| | |

Template P

| | |
|--|--|
| | |
|--|--|

Interests and extensions from the interpretation:

| |
|--|
| |
|--|

Learning outcomes:

| |
|--|
| |
|--|

Template P

Learning goals developed:

Extension of Learning: Where too Next?

Feedback from room supervisor:

Template P

Student signature: _____

Room supervisor name: _____

Room supervisor signature: _____

Date: _____

Template P

Running Observation record sheet

Child's Name: _____

Child's D.O.B: _____

Observation Date: _____

Student Name: _____

| Running Observation | Interpretation of observation |
|---------------------|-------------------------------|
| Time Started: | Time completed: |
| | |

Template P

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Interests and extensions from the interpretation:

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Learning outcomes:

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Template P

Learning goals developed:

Extension of Learning: Where too Next?

Feedback from room supervisor:

Template P

Student signature: _____

Room supervisor name: _____

Room supervisor signature: _____

Date: _____

Template P

Running Observation record sheet

Child's Name: _____

Child's D.O.B: _____

Observation Date: _____

Student Name: _____

| Running Observation | Interpretation of observation |
|---------------------|-------------------------------|
| Time Started: | Time completed: |
| | |

Template P

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Interests and extensions from the interpretation:

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Learning outcomes:

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Template P

Learning goals developed:

Extension of Learning: Where too Next?

Feedback from room supervisor:

Template P

Student signature: _____

Room supervisor name: _____

Room supervisor signature: _____

Date: _____

Template P

Running Observation record sheet

Child's Name: _____

Child's D.O.B: _____

Observation Date: _____

Student Name: _____

| Running Observation | Interpretation of observation |
|---------------------|-------------------------------|
| Time Started: | Time completed: |
| | |

Template P

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Interests and extensions from the interpretation:

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Learning outcomes:

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Template P

Learning goals developed:

Extension of Learning: Where too Next?

Feedback from room supervisor:

Template P

Student signature: _____

Room supervisor name: _____

Room supervisor signature: _____

Date: _____

Template P

Running Observation record sheet

Child's Name: _____

Child's D.O.B: _____

Observation Date: _____

Student Name: _____

| Running Observation | Interpretation of observation |
|---------------------|-------------------------------|
| Time Started: | Time completed: |
| | |

Template P

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Interests and extensions from the interpretation:

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Learning outcomes:

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Template P

Learning goals developed:

Extension of Learning: Where too Next?

Feedback from room supervisor:

Template P

Student signature: _____

Room supervisor name: _____

Room supervisor signature: _____

Date: _____

Template P

Running Observation record sheet

Child's Name: _____

Child's D.O.B: _____

Observation Date: _____

Student Name: _____

| Running Observation | Interpretation of observation |
|---------------------|-------------------------------|
| Time Started: | Time completed: |
| | |

Template P

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Interests and extensions from the interpretation:

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|--|

Learning outcomes:

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| |
|--|

Template P

Learning goals developed:

Extension of Learning: Where too Next?

Feedback from room supervisor:

Template P

Student signature: _____

Room supervisor name: _____

Room supervisor signature: _____

Date: _____



Learning Story
Template Q

Date:

Educators Voice:

Child's name:

Photo

Photo

Learning Outcomes

Photo

Photo

Learning Outcomes

Educators Voice

Evaluation

What's Next?

Parent Voice



Learning Story
Template Q

Date:

Educators Voice:

Child's name:

Photo

Photo

Learning Outcomes

Photo

Photo

Learning Outcomes

Evaluation

What's Next?

Parent Voice



Learning Story
Template Q

Date:

Educators Voice:

Child's name:

Photo

Photo

Learning Outcomes

Photo

Photo

Learning Outcomes

Evaluation

What's Next?

Parent Voice

ABC Event Sampling Record

| | | | |
|--------------------------|--|--------------------|--|
| Child's Name | | Child's Age | |
| Observer(s) | | | |
| Targeted Behavior | | | |

| Date Time | A ntecedents (what came before) | B ehavior (targeted behavior) | C onsequences (what came after) |
|--------------|-------------------------------------------|-----------------------------------------|-------------------------------------------|
| / / | | | |
| : | | | |
| / / | | | |
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| / / | | | |
| : | | | |

ABC Event Sampling Record

| | | | |
|-------------------|--|-------------|--|
| Child's Name | | Child's Age | |
| Observer(s) | | | |
| Targeted Behavior | | | |

| Date Time | A ntecedents (what came before) | B ehavior (targeted behavior) | C onsequences (what came after) |
|--------------|-------------------------------------------|-----------------------------------------|-------------------------------------------|
| / / | | | |
| : | | | |
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ABC Event Sampling Record

| | | | |
|--------------------------|--|--------------------|--|
| Child's Name | | Child's Age | |
| Observer(s) | | | |
| Targeted Behavior | | | |

| Date Time | A ntecedents (what came before) | B ehavior (targeted behavior) | C onsequences (what came after) |
|--------------|-------------------------------------------|-----------------------------------------|-------------------------------------------|
| / / | | | |
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| : | | | |

Template O

Anecdotal Observation record sheet

Child's Name: _____

Child's D.O.B: _____

Observation Date: _____

Student Name: _____

| Anecdotal Observation | Interpretation of observation |
|------------------------------|--------------------------------------|
| | |

Interests and extensions from the interpretation:

Learning outcomes:

Learning goals developed:

Extension of Learning: Where too Next?

Feedback from room supervisor:

Student signature: _____

Room supervisor name: _____

Room supervisor signature: _____

Date: _____

Template O

Anecdotal Observation record sheet

Child's Name: _____

Child's D.O.B: _____

Observation Date: _____

Student Name: _____

| Anecdotal Observation | Interpretation of observation |
|------------------------------|--------------------------------------|
| | |

Interests and extensions from the interpretation:

Learning outcomes:

Learning goals developed:

Extension of Learning: Where too Next?

Feedback from room supervisor:

Student signature: _____

Room supervisor name: _____

Room supervisor signature: _____

Date: _____

Template O

Anecdotal Observation record sheet

Child's Name: _____

Child's D.O.B: _____

Observation Date: _____

Student Name: _____

| Anecdotal Observation | Interpretation of observation |
|------------------------------|--------------------------------------|
| | |

Interests and extensions from the interpretation:

Learning outcomes:

Learning goals developed:

Extension of Learning: Where too Next?

Feedback from room supervisor:

Student signature: _____

Room supervisor name: _____

Room supervisor signature: _____

Date: _____

Template U

CHECKLIST 0 – 24 MONTHS

CHILD'S NAME: _____ **DOB:** _____

DATE COMMENCED: _____

| GROSS MOTOR DEVELOPMENT | COMMENT | DATE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------|
| 0-6 WEEKS | | |
| <ul style="list-style-type: none"> • When pulled to sitting position – head flops back | | |
| <ul style="list-style-type: none"> • When placed on front will turn head to one side, raise buttocks & flex limbs | | |
| <ul style="list-style-type: none"> • Reflexes – Moro <ul style="list-style-type: none"> Gripping Stepping Sucking Rooting Swallowing | | |
| <ul style="list-style-type: none"> • Balances head for a few seconds | | |
| 3 MONTHS | | |
| <ul style="list-style-type: none"> • Lies on stomach, will lift head and chest | | |
| <ul style="list-style-type: none"> • Rolls side to back or back to side | | |
| 6 MONTHS | | |
| <ul style="list-style-type: none"> • When standing, takes weight on feet | | |
| <ul style="list-style-type: none"> • When on back, can lift feet & grasp with hands | | |
| <ul style="list-style-type: none"> • When on front, can lift head & chest & support self with arms | | |
| <ul style="list-style-type: none"> • Rolls front to back | | |
| <ul style="list-style-type: none"> • Rolls back to front | | |
| 9 MONTHS | | |
| <ul style="list-style-type: none"> • Pulls to stand & holds self onto support briefly | | |
| <ul style="list-style-type: none"> • Steps alternate feet when held standing | | |
| <ul style="list-style-type: none"> • Sits without support | | |
| <ul style="list-style-type: none"> • Attempts to crawl on hands and knees | | |
| 12 MONTHS | | |
| <ul style="list-style-type: none"> • Stands alone | | |
| <ul style="list-style-type: none"> • Pulls to standing & lets self down again holding onto furniture | | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <ul style="list-style-type: none"> • Walks around furniture, lifting one foot & stepping sideways | | |
| 15 MONTHS | | |
| <ul style="list-style-type: none"> • Walks alone with uneven steps: feet wide apart, arms held high to help balance | | |
| <ul style="list-style-type: none"> • Rises to feet using hands | | |
| <ul style="list-style-type: none"> • Lets self down by bumping down or falling forward onto hands | | |
| 18 MONTHS | | |
| <ul style="list-style-type: none"> • Runs stiffly with eyes on the ground | | |
| <ul style="list-style-type: none"> • Walks carrying objects | | |
| <ul style="list-style-type: none"> • Able to climb into adult chair | | |
| <ul style="list-style-type: none"> • Backs into small chair or slides in sideways to seat self | | |
| <ul style="list-style-type: none"> • Squats to pick up objects & uses hands to get up | | |
| 24 MONTHS | | |
| <ul style="list-style-type: none"> • Runs safely, stopping, starting and avoiding obstacles | | |
| <ul style="list-style-type: none"> • Squats with complete steadiness & rises without support | | |
| <ul style="list-style-type: none"> • Pushes and pulls large wheeled toys | | |

| FINE MOTOR DEVELOPMENT | ACHIEVED | DATE |
|-----------------------------------------------------------------------------------------------------------|----------|------|
| 0-6 WEEKS | | |
| <ul style="list-style-type: none"> • Follows object with eyes from side to side to midline | | |
| <ul style="list-style-type: none"> • Gazes at caregivers face | | |
| <ul style="list-style-type: none"> • Focuses both eyes on same point | | |
| 3 MONTHS | | |
| <ul style="list-style-type: none"> • Watches own hands | | |
| <ul style="list-style-type: none"> • Grasps object put into hand | | |
| 6 MONTHS | | |
| <ul style="list-style-type: none"> • Grasps objects – whole hand palmer grasp | | |
| <ul style="list-style-type: none"> • Passes objects between hands | | |

| | | |
|--------------------------------------------------------------------------------------------------------|--|--|
| 9 MONTHS | | |
| <ul style="list-style-type: none"> • Imitates hand clapping | | |
| <ul style="list-style-type: none"> • Isolates index finger | | |
| <ul style="list-style-type: none"> • Holds finger foods & feeds self | | |
| <ul style="list-style-type: none"> • Uses immature pincer grip to pick up small objects | | |
| <ul style="list-style-type: none"> • Attempts to hold own bottle, cup & spoon | | |
| <ul style="list-style-type: none"> • Grasps object in hand from adult / peer | | |
| <ul style="list-style-type: none"> • Looks in direction for falling or fallen objects | | |

| | | |
|-------------------------------------------------------|--|--|
| 12 MONTHS | | |
| • Picks up small objects with an improved pincer grip | | |
| • Points out objects with index finger | | |
| • Can twist, screw and open simple latches | | |
| • Uses both hands freely but shows no preference | | |
| • Explores crevices with index finger | | |
| | | |
| 15 MONTHS | | |
| • Picks up small objects with precise pincer grip | | |
| • Holds crayon in whole hand & imitates scribbles | | |
| • Can build tower of 2 or more blocks | | |
| • Able to thread rings over stick on stacking toy | | |
| | | |
| 18 MONTHS | | |
| • Builds tower of 3 or more blocks | | |
| • Holds pencil and can scribble lines and dots | | |
| • Can turn several pages of book at a time | | |
| • Beginning to show hand preference which is.....? | | |
| | | |
| 24 MONTHS | | |
| • Builds a tower of 6 or more blocks | | |
| • Holds pencil using immature tripod grasp | | |
| • Draws circular scribbles | | |
| • Turns pages one at a time | | |
| | | |

| SOCIAL DEVELOPMENT | ACHIEVED | DATE |
|---------------------------------------------------------|-----------------|-------------|
| 0-6 WEEKS | | |
| • Responsive vocalisations to adult / peer interactions | | |
| • Soothed by sound of voice | | |
| • Smiles | | |
| | | |
| 3 MONTHS | | |
| • Shows excitement | | |
| • Smiles/quietens to sound of familiar voice | | |
| | | |
| 6 MONTHS | | |
| • Smiles and babbles to own image in mirror | | |
| • Responds to familiar face with pleasure | | |
| • Protests when object removed | | |
| | | |
| 9 MONTHS | | |
| • Begins to be aware of strangers | | |
| • Shouts for attention | | |
| • Attempts to offer toy to adult / peer | | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <ul style="list-style-type: none"> Imitates social games eg. Peek a boo, clapping | | |
| 12 MONTHS | | |
| <ul style="list-style-type: none"> Imitates social games Enjoys repetitive play Likes to be close to primary caregivers Waves goodbye on request Displays affection to caregivers & family members | | |
| 15 MONTHS | | |
| <ul style="list-style-type: none"> Repeatedly casts objects to floor in play or rejection Closely dependent upon adults presence for reassurance Curious regarding people, objects and events within "immediate" world Engages in Parallel play | | |
| 18 MONTHS | | |
| <ul style="list-style-type: none"> Watches others play Alternates between clinging & rejection of caregiver Engages in solitary play | | |
| 24 MONTHS | | |
| <ul style="list-style-type: none"> Constantly demands adults attention Defends own possessions with determination Tantrums when frustrated | | |

| COGNITIVE DEVELOPMENT | ACHIEVED | DATE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|
| 0-6 WEEKS | | |
| <ul style="list-style-type: none"> Startles to sudden noise / light | | |
| 3 MONTHS | | |
| <ul style="list-style-type: none"> Turns head to source of sound Repeats simple actions / facial expressions | | |
| 6 MONTHS | | |
| <ul style="list-style-type: none"> Explores objects with mouth | | |
| 9 MONTHS | | |
| <ul style="list-style-type: none"> Understands "No" and "Goodbye" Watches with curiosity Begins to explore properties & possibilities of toys Finds partially hidden objects | | |
| 12 MONTHS | | |
| <ul style="list-style-type: none"> Looks in correct place for hidden objects | | |

| | | |
|----------------------------------------------------------------------------------------------------------|--|--|
| <ul style="list-style-type: none"> Hands caregivers familiar objects on request | | |
| <ul style="list-style-type: none"> Understands simple instructions | | |
| <ul style="list-style-type: none"> Explores objects with mouth | | |
| <ul style="list-style-type: none"> Hands caregiver familiar objects on request | | |
| 15 MONTHS | | |
| <ul style="list-style-type: none"> Points to familiar people, animals and toys on request | | |
| <ul style="list-style-type: none"> Searches for hidden object in place last seen | | |
| 18 MONTHS | | |
| <ul style="list-style-type: none"> Role plays familiar routines | | |
| 24 MONTHS | | |
| <ul style="list-style-type: none"> Investigates the characteristics of objects | | |
| <ul style="list-style-type: none"> Becoming aware of cause and effect | | |
| <ul style="list-style-type: none"> Searches for hidden object until found | | |
| <ul style="list-style-type: none"> Completes simple insert puzzle | | |
| <ul style="list-style-type: none"> Imitates games, rhymes & finger plays | | |

| SELF HELP SKILLS | ACHIEVED | DATE |
|--------------------------------------------------------------------------------------------------|----------|------|
| 12 MONTHS | | |
| <ul style="list-style-type: none"> Drinks from sipper cup | | |
| <ul style="list-style-type: none"> Holds spoon and attempts to feed self | | |
| <ul style="list-style-type: none"> Holds out arms or legs to assist with dressing | | |
| 15 MONTHS | | |
| <ul style="list-style-type: none"> Drinks from cup held with two hands | | |
| <ul style="list-style-type: none"> Assists with dressing | | |
| <ul style="list-style-type: none"> Feeds self using a spoon | | |
| <ul style="list-style-type: none"> Indicates when has a wet or soiled nappy | | |
| 18 MONTHS | | |
| <ul style="list-style-type: none"> Feeds self using a spoon skilfully | | |
| <ul style="list-style-type: none"> Able to take off own shoes & socks | | |
| <ul style="list-style-type: none"> May vocalise or indicate toileting needs | | |
| 24 MONTHS | | |
| <ul style="list-style-type: none"> Puts on own shoes & hat | | |
| <ul style="list-style-type: none"> Asks for food & drink | | |
| <ul style="list-style-type: none"> Verbalizes toilet needs in reasonable time | | |

| LANGUAGE DEVELOPMENT | ACHIEVED | DATE |
|---------------------------------------------------------------------|----------|------|
| 0-6 WEEKS | | |
| <ul style="list-style-type: none"> Starts vocalising | | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------|--|--|
| 3 MONTHS | | |
| <ul style="list-style-type: none"> • Coos and gurgles | | |
| <ul style="list-style-type: none"> • Cries when uncomfortable | | |
| | | |
| 6 MONTHS | | |
| <ul style="list-style-type: none"> • Babbles to self and responds to speech with babbles | | |
| <ul style="list-style-type: none"> • Responds to conversation / toys by laughing / smiling or vocalising | | |
| | | |
| 9 MONTHS | | |
| <ul style="list-style-type: none"> • Babbles using long repetitive strings of syllables | | |
| <ul style="list-style-type: none"> • Attentive to voice of familiar person | | |
| | | |
| 12 MONTHS | | |
| <ul style="list-style-type: none"> • Waves goodbye and shakes head for “No” | | |
| <ul style="list-style-type: none"> • Vocalises loudly and continuously, using sounding like conversations | | |
| | | |
| 15 MONTHS | | |
| <ul style="list-style-type: none"> • Communicates needs and wishes by pointing and vocalising | | |
| <ul style="list-style-type: none"> • Looks with interest at picture books | | |
| | | |
| 24 MONTHS | | |
| <ul style="list-style-type: none"> • Uses two word sentences | | |
| <ul style="list-style-type: none"> • Is using 6 to 20 more recognisable words | | |
| <ul style="list-style-type: none"> • Echoes last word addressed to him /her | | |

Template U

CHECKLIST 0 – 24 MONTHS

CHILD'S NAME: _____ DOB: _____

DATE COMMENCED: _____

| GROSS MOTOR DEVELOPMENT | COMMENT | DATE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------|
| 0-6 WEEKS | | |
| <ul style="list-style-type: none"> • When pulled to sitting position – head flops back | | |
| <ul style="list-style-type: none"> • When placed on front will turn head to one side, raise buttocks & flex limbs | | |
| <ul style="list-style-type: none"> • Reflexes – Moro <ul style="list-style-type: none"> Gripping Stepping Sucking Rooting Swallowing | | |
| <ul style="list-style-type: none"> • Balances head for a few seconds | | |
| 3 MONTHS | | |
| <ul style="list-style-type: none"> • Lies on stomach, will lift head and chest | | |
| <ul style="list-style-type: none"> • Rolls side to back or back to side | | |
| 6 MONTHS | | |
| <ul style="list-style-type: none"> • When standing, takes weight on feet | | |
| <ul style="list-style-type: none"> • When on back, can lift feet & grasp with hands | | |
| <ul style="list-style-type: none"> • When on front, can lift head & chest & support self with arms | | |
| <ul style="list-style-type: none"> • Rolls front to back | | |
| <ul style="list-style-type: none"> • Rolls back to front | | |
| 9 MONTHS | | |
| <ul style="list-style-type: none"> • Pulls to stand & holds self onto support briefly | | |
| <ul style="list-style-type: none"> • Steps alternate feet when held standing | | |
| <ul style="list-style-type: none"> • Sits without support | | |
| <ul style="list-style-type: none"> • Attempts to crawl on hands and knees | | |
| 12 MONTHS | | |
| <ul style="list-style-type: none"> • Stands alone | | |
| <ul style="list-style-type: none"> • Pulls to standing & lets self down again holding onto furniture | | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <ul style="list-style-type: none"> • Walks around furniture, lifting one foot & stepping sideways | | |
| 15 MONTHS | | |
| <ul style="list-style-type: none"> • Walks alone with uneven steps: feet wide apart, arms held high to help balance | | |
| <ul style="list-style-type: none"> • Rises to feet using hands | | |
| <ul style="list-style-type: none"> • Lets self down by bumping down or falling forward onto hands | | |
| 18 MONTHS | | |
| <ul style="list-style-type: none"> • Runs stiffly with eyes on the ground | | |
| <ul style="list-style-type: none"> • Walks carrying objects | | |
| <ul style="list-style-type: none"> • Able to climb into adult chair | | |
| <ul style="list-style-type: none"> • Backs into small chair or slides in sideways to seat self | | |
| <ul style="list-style-type: none"> • Squats to pick up objects & uses hands to get up | | |
| 24 MONTHS | | |
| <ul style="list-style-type: none"> • Runs safely, stopping, starting and avoiding obstacles | | |
| <ul style="list-style-type: none"> • Squats with complete steadiness & rises without support | | |
| <ul style="list-style-type: none"> • Pushes and pulls large wheeled toys | | |

| FINE MOTOR DEVELOPMENT | ACHIEVED | DATE |
|-----------------------------------------------------------------------------------------------------------|----------|------|
| 0-6 WEEKS | | |
| <ul style="list-style-type: none"> • Follows object with eyes from side to side to midline | | |
| <ul style="list-style-type: none"> • Gazes at caregivers face | | |
| <ul style="list-style-type: none"> • Focuses both eyes on same point | | |
| 3 MONTHS | | |
| <ul style="list-style-type: none"> • Watches own hands | | |
| <ul style="list-style-type: none"> • Grasps object put into hand | | |
| 6 MONTHS | | |
| <ul style="list-style-type: none"> • Grasps objects - whole hand palmer grasp | | |
| <ul style="list-style-type: none"> • Passes objects between hands | | |

| | | |
|--------------------------------------------------------------------------------------------------------|--|--|
| 9 MONTHS | | |
| <ul style="list-style-type: none"> • Imitates hand clapping | | |
| <ul style="list-style-type: none"> • Isolates index finger | | |
| <ul style="list-style-type: none"> • Holds finger foods & feeds self | | |
| <ul style="list-style-type: none"> • Uses immature pincer grip to pick up small objects | | |
| <ul style="list-style-type: none"> • Attempts to hold own bottle, cup & spoon | | |
| <ul style="list-style-type: none"> • Grasps object in hand from adult / peer | | |
| <ul style="list-style-type: none"> • Looks in direction for falling or fallen objects | | |

| | | |
|-------------------------------------------------------|--|--|
| 12 MONTHS | | |
| • Picks up small objects with an improved pincer grip | | |
| • Points out objects with index finger | | |
| • Can twist, screw and open simple latches | | |
| • Uses both hands freely but shows no preference | | |
| • Explores crevices with index finger | | |
| | | |
| 15 MONTHS | | |
| • Picks up small objects with precise pincer grip | | |
| • Holds crayon in whole hand & imitates scribbles | | |
| • Can build tower of 2 or more blocks | | |
| • Able to thread rings over stick on stacking toy | | |
| | | |
| 18 MONTHS | | |
| • Builds tower of 3 or more blocks | | |
| • Holds pencil and can scribble lines and dots | | |
| • Can turn several pages of book at a time | | |
| • Beginning to show hand preference which is.....? | | |
| | | |
| 24 MONTHS | | |
| • Builds a tower of 6 or more blocks | | |
| • Holds pencil using immature tripod grasp | | |
| • Draws circular scribbles | | |
| • Turns pages one at a time | | |
| | | |

| SOCIAL DEVELOPMENT | ACHIEVED | DATE |
|---------------------------------------------------------|-----------------|-------------|
| 0-6 WEEKS | | |
| • Responsive vocalisations to adult / peer interactions | | |
| • Soothed by sound of voice | | |
| • Smiles | | |
| | | |
| 3 MONTHS | | |
| • Shows excitement | | |
| • Smiles/quietens to sound of familiar voice | | |
| | | |
| 6 MONTHS | | |
| • Smiles and babbles to own image in mirror | | |
| • Responds to familiar face with pleasure | | |
| • Protests when object removed | | |
| | | |
| 9 MONTHS | | |
| • Begins to be aware of strangers | | |
| • Shouts for attention | | |
| • Attempts to offer toy to adult / peer | | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <ul style="list-style-type: none"> Imitates social games eg. Peek a boo, clapping | | |
| 12 MONTHS | | |
| <ul style="list-style-type: none"> Imitates social games Enjoys repetitive play Likes to be close to primary caregivers Waves goodbye on request Displays affection to caregivers & family members | | |
| 15 MONTHS | | |
| <ul style="list-style-type: none"> Repeatedly casts objects to floor in play or rejection Closely dependent upon adults presence for reassurance Curious regarding people, objects and events within "immediate" world Engages in Parallel play | | |
| 18 MONTHS | | |
| <ul style="list-style-type: none"> Watches others play Alternates between clinging & rejection of caregiver Engages in solitary play | | |
| 24 MONTHS | | |
| <ul style="list-style-type: none"> Constantly demands adults attention Defends own possessions with determination Tantrums when frustrated | | |

| COGNITIVE DEVELOPMENT | ACHIEVED | DATE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|
| 0-6 WEEKS | | |
| <ul style="list-style-type: none"> Startles to sudden noise / light | | |
| 3 MONTHS | | |
| <ul style="list-style-type: none"> Turns head to source of sound Repeats simple actions / facial expressions | | |
| 6 MONTHS | | |
| <ul style="list-style-type: none"> Explores objects with mouth | | |
| 9 MONTHS | | |
| <ul style="list-style-type: none"> Understands "No" and "Goodbye" Watches with curiosity Begins to explore properties & possibilities of toys Finds partially hidden objects | | |
| 12 MONTHS | | |
| <ul style="list-style-type: none"> Looks in correct place for hidden objects | | |

| | | |
|----------------------------------------------------------------------------------------------------------|--|--|
| <ul style="list-style-type: none"> Hands caregivers familiar objects on request | | |
| <ul style="list-style-type: none"> Understands simple instructions | | |
| <ul style="list-style-type: none"> Explores objects with mouth | | |
| <ul style="list-style-type: none"> Hands caregiver familiar objects on request | | |
| 15 MONTHS | | |
| <ul style="list-style-type: none"> Points to familiar people, animals and toys on request | | |
| <ul style="list-style-type: none"> Searches for hidden object in place last seen | | |
| 18 MONTHS | | |
| <ul style="list-style-type: none"> Role plays familiar routines | | |
| 24 MONTHS | | |
| <ul style="list-style-type: none"> Investigates the characteristics of objects | | |
| <ul style="list-style-type: none"> Becoming aware of cause and effect | | |
| <ul style="list-style-type: none"> Searches for hidden object until found | | |
| <ul style="list-style-type: none"> Completes simple insert puzzle | | |
| <ul style="list-style-type: none"> Imitates games, rhymes & finger plays | | |

| SELF HELP SKILLS | ACHIEVED | DATE |
|--------------------------------------------------------------------------------------------------|-----------------|-------------|
| 12 MONTHS | | |
| <ul style="list-style-type: none"> Drinks from sipper cup | | |
| <ul style="list-style-type: none"> Holds spoon and attempts to feed self | | |
| <ul style="list-style-type: none"> Holds out arms or legs to assist with dressing | | |
| 15 MONTHS | | |
| <ul style="list-style-type: none"> Drinks from cup held with two hands | | |
| <ul style="list-style-type: none"> Assists with dressing | | |
| <ul style="list-style-type: none"> Feeds self using a spoon | | |
| <ul style="list-style-type: none"> Indicates when has a wet or soiled nappy | | |
| 18 MONTHS | | |
| <ul style="list-style-type: none"> Feeds self using a spoon skilfully | | |
| <ul style="list-style-type: none"> Able to take off own shoes & socks | | |
| <ul style="list-style-type: none"> May vocalise or indicate toileting needs | | |
| 24 MONTHS | | |
| <ul style="list-style-type: none"> Puts on own shoes & hat | | |
| <ul style="list-style-type: none"> Asks for food & drink | | |
| <ul style="list-style-type: none"> Verbalizes toilet needs in reasonable time | | |

| LANGUAGE DEVELOPMENT | ACHIEVED | DATE |
|---------------------------------------------------------------------|-----------------|-------------|
| 0-6 WEEKS | | |
| <ul style="list-style-type: none"> Starts vocalising | | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------|--|--|
| 3 MONTHS | | |
| <ul style="list-style-type: none"> • Coos and gurgles | | |
| <ul style="list-style-type: none"> • Cries when uncomfortable | | |
| | | |
| 6 MONTHS | | |
| <ul style="list-style-type: none"> • Babbles to self and responds to speech with babbles | | |
| <ul style="list-style-type: none"> • Responds to conversation / toys by laughing / smiling or vocalising | | |
| | | |
| 9 MONTHS | | |
| <ul style="list-style-type: none"> • Babbles using long repetitive strings of syllables | | |
| <ul style="list-style-type: none"> • Attentive to voice of familiar person | | |
| | | |
| 12 MONTHS | | |
| <ul style="list-style-type: none"> • Waves goodbye and shakes head for “No” | | |
| <ul style="list-style-type: none"> • Vocalises loudly and continuously, using sounding like conversations | | |
| | | |
| 15 MONTHS | | |
| <ul style="list-style-type: none"> • Communicates needs and wishes by pointing and vocalising | | |
| <ul style="list-style-type: none"> • Looks with interest at picture books | | |
| | | |
| 24 MONTHS | | |
| <ul style="list-style-type: none"> • Uses two word sentences | | |
| <ul style="list-style-type: none"> • Is using 6 to 20 more recognisable words | | |
| <ul style="list-style-type: none"> • Echoes last word addressed to him /her | | |

Template U

CHECKLIST 2 – 3 YEARS

CHILD'S NAME: _____ **DOB:** _____

DATE COMMENCED: _____

| GROSS MOTOR DEVELOPMENT | COMMENT | DATE |
|-----------------------------------------------------|---------|------|
| • Able to run with control over speed and direction | | |
| • Jumps with two feet together from low height | | |
| • Can climb up and down equipment | | |
| • Able to kick a ball, keeping balance | | |
| • Able to throw a ball towards target | | |
| • Able to ride a tricycle with control using pedals | | |
| • Can catch a ball on or between extended arms | | |
| • Able to move body in rhythm to a beat | | |
| • Able to clap hands in rhythm to a beat | | |

| FINE MOTOR DEVELOPMENT | COMMENT | DATE |
|-----------------------------------------------------------|---------|------|
| • Demonstrates hand preference | | |
| • Holds a pencil using an immature tripod grasp | | |
| • Holds a pencil using a tripod grasp | | |
| • Draws circular scribbles | | |
| • Able to copy shapes or basic letters | | |
| • Builds a tower of 6-10 blocks | | |
| • Able to thread wooden beads onto a shoe lace | | |
| • Able to use hands to turn things (taps, door handles) | | |
| • Able to place objects accurately (puzzle pieces) | | |
| • Has control over scissors to snip paper | | |
| • Has control over scissors to cut paper (eg along lines) | | |

| SOCIAL DEVELOPMENT | COMMENT | DATE |
|-----------------------------------------------------------------------------|---------|------|
| • Able to express anger in words, rather than aggressive actions | | |
| • Allows aggressive behaviours to be redirected | | |
| • Spends time watching others play (Engages in Onlooker Play) | | |
| • Play's by self with individual toys (Engages in Solitary Play) | | |
| • Play's parallel to others with similar toys (Engages in Parallel Play) | | |
| • Initiates play with others | | |
| • Involves self in ongoing play, joining others positively | | |

| | | |
|-------------------------------------------|--|--|
| • Displays concern and delight for others | | |
| • Shares toys and materials with others | | |
| • Uses interactive turn taking | | |
| • Initiates turn taking | | |

| COGNITIVE DEVELOPMENT | COMMENT | DATE |
|-------------------------------------------|---------|------|
| • Refers to self by name | | |
| • Follows two or more simple instructions | | |
| • Completes insert puzzle | | |
| • Completes simple interlocking puzzle | | |
| • Displays use of problem solving skills | | |
| • Describes past events briefly | | |
| • Counts 10 objects | | |
| • Counts to 10 | | |
| • Recalls familiar songs and rhymes | | |
| • Role play's familiar routines | | |
| • Uses objects for pretend play | | |
| • Retells familiar stories | | |
| • Labels basic shapes | | |
| • Labels primary colours | | |
| • Recognises differences in size | | |
| • Matches objects according to a rule | | |

| SELF HELP DEVELOPMENT | COMMENT | DATE |
|------------------------------------------------|---------|------|
| • Undresses self including shoes | | |
| • Dresses self including shoes | | |
| • Feeds self using utensils | | |
| • Completes hand washing routine independently | | |
| • Confident eating / sleeping & toileting | | |
| • Attempts to do things for themselves | | |
| • Assists in daily routines (packing away) | | |

| LANGUAGE DEVELOPMENT | COMMENT | DATE |
|-----------------------------------------------|---------|------|
| • Talks to self while playing | | |
| • Uses 50 words or more | | |
| • Uses consistent clear speech | | |
| • Sings rhymes and songs | | |
| • Uses pronouns "I", "Me" and "You" correctly | | |
| • Uses 3 or more word sentences | | |
| • Speaks confidently in group settings | | |
| • Reproduces musical tones with voice | | |

| HEALTHY SAFE HELP | COMMENT | DATE |
|-------------------|---------|------|
|-------------------|---------|------|



| | | |
|-----------------------------------------------|--|--|
| • Tantrums when frustrated | | |
| • Defends own possessions | | |
| • Makes own decisions | | |
| • Asserts self non-verbally | | |
| • Asserts self verbally | | |
| • Displays excitement to do things themselves | | |
| • Verbalises own name | | |
| • Speaks confidently in group settings | | |

| SENSE OF BELONGING, SAFETY AND SECURITY | COMMENT | DATE |
|---------------------------------------------------|----------------|-------------|
| • Shows affection | | |
| • Separates positively from parents | | |
| • Not overly clingy to caregivers | | |
| • Seeks comfort during times of stress | | |
| • Displays interest in activities offered | | |
| • Laughs, smiles & appears happy most of the time | | |

Template U

CHECKLIST 2 – 3 YEARS

CHILD'S NAME: _____ DOB: _____

DATE COMMENCED: _____

| GROSS MOTOR DEVELOPMENT | COMMENT | DATE |
|-----------------------------------------------------|---------|------|
| • Able to run with control over speed and direction | | |
| • Jumps with two feet together from low height | | |
| • Can climb up and down equipment | | |
| • Able to kick a ball, keeping balance | | |
| • Able to throw a ball towards target | | |
| • Able to ride a tricycle with control using pedals | | |
| • Can catch a ball on or between extended arms | | |
| • Able to move body in rhythm to a beat | | |
| • Able to clap hands in rhythm to a beat | | |

| FINE MOTOR DEVELOPMENT | COMMENT | DATE |
|-----------------------------------------------------------|---------|------|
| • Demonstrates hand preference | | |
| • Holds a pencil using an immature tripod grasp | | |
| • Holds a pencil using a tripod grasp | | |
| • Draws circular scribbles | | |
| • Able to copy shapes or basic letters | | |
| • Builds a tower of 6-10 blocks | | |
| • Able to thread wooden beads onto a shoe lace | | |
| • Able to use hands to turn things (taps, door handles) | | |
| • Able to place objects accurately (puzzle pieces) | | |
| • Has control over scissors to snip paper | | |
| • Has control over scissors to cut paper (eg along lines) | | |

| SOCIAL DEVELOPMENT | COMMENT | DATE |
|-----------------------------------------------------------------------------|---------|------|
| • Able to express anger in words, rather than aggressive actions | | |
| • Allows aggressive behaviours to be redirected | | |
| • Spends time watching others play (Engages in Onlooker Play) | | |
| • Play's by self with individual toys (Engages in Solitary Play) | | |
| • Play's parallel to others with similar toys (Engages in Parallel Play) | | |
| • Initiates play with others | | |
| • Involves self in ongoing play, joining others positively | | |

| | | |
|-------------------------------------------|--|--|
| • Displays concern and delight for others | | |
| • Shares toys and materials with others | | |
| • Uses interactive turn taking | | |
| • Initiates turn taking | | |

| COGNITIVE DEVELOPMENT | COMMENT | DATE |
|-------------------------------------------|---------|------|
| • Refers to self by name | | |
| • Follows two or more simple instructions | | |
| • Completes insert puzzle | | |
| • Completes simple interlocking puzzle | | |
| • Displays use of problem solving skills | | |
| • Describes past events briefly | | |
| • Counts 10 objects | | |
| • Counts to 10 | | |
| • Recalls familiar songs and rhymes | | |
| • Role play's familiar routines | | |
| • Uses objects for pretend play | | |
| • Retells familiar stories | | |
| • Labels basic shapes | | |
| • Labels primary colours | | |
| • Recognises differences in size | | |
| • Matches objects according to a rule | | |

| SELF HELP DEVELOPMENT | COMMENT | DATE |
|------------------------------------------------|---------|------|
| • Undresses self including shoes | | |
| • Dresses self including shoes | | |
| • Feeds self using utensils | | |
| • Completes hand washing routine independently | | |
| • Confident eating / sleeping & toileting | | |
| • Attempts to do things for themselves | | |
| • Assists in daily routines (packing away) | | |

| LANGUAGE DEVELOPMENT | COMMENT | DATE |
|-----------------------------------------------|---------|------|
| • Talks to self while playing | | |
| • Uses 50 words or more | | |
| • Uses consistent clear speech | | |
| • Sings rhymes and songs | | |
| • Uses pronouns "I", "Me" and "You" correctly | | |
| • Uses 3 or more word sentences | | |
| • Speaks confidently in group settings | | |
| • Reproduces musical tones with voice | | |

| HEALTHY SAFE HELP | COMMENT | DATE |
|-------------------|---------|------|
| | | |



| | | |
|-----------------------------------------------|--|--|
| • Tantrums when frustrated | | |
| • Defends own possessions | | |
| • Makes own decisions | | |
| • Asserts self non-verbally | | |
| • Asserts self verbally | | |
| • Displays excitement to do things themselves | | |
| • Verbalises own name | | |
| • Speaks confidently in group settings | | |

| SENSE OF BELONGING, SAFETY AND SECURITY | COMMENT | DATE |
|---------------------------------------------------|----------------|-------------|
| • Shows affection | | |
| • Separates positively from parents | | |
| • Not overly clingy to caregivers | | |
| • Seeks comfort during times of stress | | |
| • Displays interest in activities offered | | |
| • Laughs, smiles & appears happy most of the time | | |

Checklist - 3 years

NAME: _____ DOB: _____

DATE COMMENCED: _____

| GROSS MOTOR DEVELOPMENT | COMMENT | DATE |
|----------------------------------------------------------|---------|------|
| Jumps over small objects / obstacles, lands on both feet | | |
| Runs around objects & alters direction without stopping | | |
| Climbs up & over low trestle | | |
| Jumps up & down, feet together | | |
| Walks backwards & side ways, avoiding obstacles | | |
| Stretches to reach top of easel standing on tip-e-toes | | |
| Briefly balances on one foot when shown | | |
| Rides tricycle with feet on the pedals | | |
| Kicks ball, maintaining balance & upright posture | | |
| Throws a ball under-arm, maintaining balance | | |
| Throws a ball over-arm, maintaining balance | | |

| FINE MOTOR DEVELOPMENT | COMMENT | DATE |
|---------------------------------------------------------------------------------------|---------|------|
| Threads large objects | | |
| Builds tower of blocks | | |
| Copies circles | | |
| Pours without spilling | | |
| Copies more difficult structures with building blocks | | |
| Shows hand preference (which is...?) | | |
| Crayon in preferred hand, thumb on one side & fingers on opposite (uses tripod grasp) | | |
| Draws simple person- face, Head, eyes and mouth | | |
| Imitates vertical line while painting - easel | | |
| Two hands work together to hold things level (sieve) | | |
| Shapes dough with skill, uses knife & rolling pin | | |
| Learning to cut, needs help & supervision | | |
| May put on socks | | |

| COGNITIVE DEVELOPMENT | COMMENT | DATE |
|--------------------------------------------------|---------|------|
| Draws a person with a head & 1 or 2 other parts | | |
| Watches with interest & imitates actions | | |
| Knows full name & age | | |
| Recalls simple nursery rhymes | | |
| Recalls events / past experiences, when prompted | | |
| Likes favourite story | | |



| | | |
|-----------------------------------------------|--|--|
| Asks many questions | | |
| Lays table matching cups to each place | | |
| Sorts & matches when threading | | |
| Able to identify/label basic primary colours | | |
| Able to identify/label basic geometric shapes | | |
| Able to count 10 objects | | |
| Able to count 10 by memory | | |

| PRE-WRITING PRE-READING SKILLS | COMMENT | DATE |
|----------------------------------------------|---------|------|
| Pretends to write by scribbling horizontally | | |

| SOCIAL SKILLS | COMMENT | DATE |
|-------------------------------------------------------------|---------|------|
| Plays together, imaginary games | | |
| Enjoys friends company, may have special friend | | |
| Shares toys & materials with others | | |
| Is able to take turns | | |
| Waits patiently while friends help (ie. Zipping up clothes) | | |
| Seeks other children to play with | | |
| Spends time watching others play | | |
| Plays by self with individual toys &/or materials | | |
| Plays parallel to others with similar toys / materials | | |
| Initiates play activities with other children | | |
| Is not excessively withdrawn from other children | | |

| SELF CONCEPT | COMMENT | DATE |
|--------------------------------------------------------------------------|---------|------|
| Separates easily & positively from parents | | |
| Likes to receive & give affection (especially to parents) | | |
| Gives younger brother / sister kiss & hug | | |
| Likes to help and please (setting table etc.) | | |
| Clears away when asked | | |
| Enjoys playing on own | | |
| Accepts reunion with parents positively | | |
| Is not overly "clingy" with child care staff | | |
| Able to make eye contact with adults (unless not culturally appropriate) | | |
| Makes choices about involvement in activities without adult assistance | | |
| Displays enthusiasm about doing things for self | | |
| Allows self to be comforted by others during time of stress | | |
| Copes well with sudden changes & startling situations | | |
| Laughs, smiles & appears to be happy & content, most of the time | | |

| SELF HELP SKILLS | COMMENT | DATE |
|----------------------------------|---------|------|
| Eats with spoon & fork skilfully | | |



| | | |
|-------------------------------------------------------------------|--|--|
| Washes hands by him/herself, may need help with tap | | |
| Able to pull off pants | | |
| Able to undress self independently | | |
| Able to dresses self independently | | |
| Goes to the toilet independently / completes routine successfully | | |

| GROSS MOTOR DEVELOPMENT | COMMENT | DATE |
|-----------------------------------------------------------|---------|------|
| Large vocabulary, understandable, sometimes ungrammatical | | |
| Listens to story | | |
| Uses "I" & "Me" instead of name | | |
| Uses "Mine" correctly | | |
| Adds "S" to words correctly | | |
| Changes tense by adding "ed" (Catch ---- Caught) | | |
| Carries on simple conversation between age group | | |

| IMAGINATION/CREATIVITY | COMMENT | DATE |
|------------------------------------------------------------------------------|---------|------|
| Is involved in pretend play by recreating familiar routines | | |
| Imitates bathing baby | | |
| Requires particular props to be involved in pretend play (cars, people etc.) | | |
| Changes roles without any warning | | |
| Has imaginary friend | | |

| Art Skills | COMMENT | DATE |
|------------------------------------------------|---------|------|
| Makes random marks or covers paper with colour | | |
| Scribbles on paper | | |
| Able to make basic shapes on paper | | |
| Draws sun | | |

Checklist - 3 years

NAME: _____ DOB: _____

DATE COMMENCED: _____

| GROSS MOTOR DEVELOPMENT | COMMENT | DATE |
|----------------------------------------------------------|---------|------|
| Jumps over small objects / obstacles, lands on both feet | | |
| Runs around objects & alters direction without stopping | | |
| Climbs up & over low trestle | | |
| Jumps up & down, feet together | | |
| Walks backwards & side ways, avoiding obstacles | | |
| Stretches to reach top of easel standing on tip-e-toes | | |
| Briefly balances on one foot when shown | | |
| Rides tricycle with feet on the pedals | | |
| Kicks ball, maintaining balance & upright posture | | |
| Throws a ball under-arm, maintaining balance | | |
| Throws a ball over-arm, maintaining balance | | |

| FINE MOTOR DEVELOPMENT | COMMENT | DATE |
|---------------------------------------------------------------------------------------|---------|------|
| Threads large objects | | |
| Builds tower of blocks | | |
| Copies circles | | |
| Pours without spilling | | |
| Copies more difficult structures with building blocks | | |
| Shows hand preference (which is...?) | | |
| Crayon in preferred hand, thumb on one side & fingers on opposite (uses tripod grasp) | | |
| Draws simple person- face, Head, eyes and mouth | | |
| Imitates vertical line while painting - easel | | |
| Two hands work together to hold things level (sieve) | | |
| Shapes dough with skill, uses knife & rolling pin | | |
| Learning to cut, needs help & supervision | | |
| May put on socks | | |

| COGNITIVE DEVELOPMENT | COMMENT | DATE |
|--------------------------------------------------|---------|------|
| Draws a person with a head & 1 or 2 other parts | | |
| Watches with interest & imitates actions | | |
| Knows full name & age | | |
| Recalls simple nursery rhymes | | |
| Recalls events / past experiences, when prompted | | |
| Likes favourite story | | |



| | | |
|-----------------------------------------------|--|--|
| Asks many questions | | |
| Lays table matching cups to each place | | |
| Sorts & matches when threading | | |
| Able to identify/label basic primary colours | | |
| Able to identify/label basic geometric shapes | | |
| Able to count 10 objects | | |
| Able to count 10 by memory | | |

| PRE-WRITING PRE-READING SKILLS | COMMENT | DATE |
|----------------------------------------------|---------|------|
| Pretends to write by scribbling horizontally | | |

| SOCIAL SKILLS | COMMENT | DATE |
|-------------------------------------------------------------|---------|------|
| Plays together, imaginary games | | |
| Enjoys friends company, may have special friend | | |
| Shares toys & materials with others | | |
| Is able to take turns | | |
| Waits patiently while friends help (ie. Zipping up clothes) | | |
| Seeks other children to play with | | |
| Spends time watching others play | | |
| Plays by self with individual toys &/or materials | | |
| Plays parallel to others with similar toys / materials | | |
| Initiates play activities with other children | | |
| Is not excessively withdrawn from other children | | |

| SELF CONCEPT | COMMENT | DATE |
|--------------------------------------------------------------------------|---------|------|
| Separates easily & positively from parents | | |
| Likes to receive & give affection (especially to parents) | | |
| Gives younger brother / sister kiss & hug | | |
| Likes to help and please (setting table etc.) | | |
| Clears away when asked | | |
| Enjoys playing on own | | |
| Accepts reunion with parents positively | | |
| Is not overly "clingy" with child care staff | | |
| Able to make eye contact with adults (unless not culturally appropriate) | | |
| Makes choices about involvement in activities without adult assistance | | |
| Displays enthusiasm about doing things for self | | |
| Allows self to be comforted by others during time of stress | | |
| Copes well with sudden changes & startling situations | | |
| Laughs, smiles & appears to be happy & content, most of the time | | |

| SELF HELP SKILLS | COMMENT | DATE |
|----------------------------------|---------|------|
| Eats with spoon & fork skilfully | | |



| | | |
|-------------------------------------------------------------------|--|--|
| Washes hands by him/herself, may need help with tap | | |
| Able to pull off pants | | |
| Able to undress self independently | | |
| Able to dresses self independently | | |
| Goes to the toilet independently / completes routine successfully | | |

| GROSS MOTOR DEVELOPMENT | COMMENT | DATE |
|-----------------------------------------------------------|---------|------|
| Large vocabulary, understandable, sometimes ungrammatical | | |
| Listens to story | | |
| Uses "I" & "Me" instead of name | | |
| Uses "Mine" correctly | | |
| Adds "S" to words correctly | | |
| Changes tense by adding "ed" (Catch ---- Caught) | | |
| Carries on simple conversation between age group | | |

| IMAGINATION/CREATIVITY | COMMENT | DATE |
|------------------------------------------------------------------------------|---------|------|
| Is involved in pretend play by recreating familiar routines | | |
| Imitates bathing baby | | |
| Requires particular props to be involved in pretend play (cars, people etc.) | | |
| Changes roles without any warning | | |
| Has imaginary friend | | |

| Art Skills | COMMENT | DATE |
|------------------------------------------------|---------|------|
| Makes random marks or covers paper with colour | | |
| Scribbles on paper | | |
| Able to make basic shapes on paper | | |
| Draws sun | | |



Template U

Checklist - 4 years

NAME: _____ DOB: _____

DATE COMMENCED: _____

| GROSS MOTOR DEVELOPMENT | COMMENT | DATE |
|---------------------------------------------------|---------|------|
| Runs fast turning corners | | |
| Hops on preferred foot | | |
| Climbs frame skilfully | | |
| Rides tricycle fast, avoiding obstacles | | |
| Sits cross legged | | |
| Picks up ball, bending from waist - legs straight | | |
| Throws over arm with speed | | |
| Watches ball, moves arm to catch | | |
| Bounces ball | | |
| Hits ball with bat | | |
| Stands on one foot, maintaining balance | | |

| FINE MOTOR DEVELOPMENT | COMMENT | DATE |
|--------------------------------------------|---------|------|
| Threads small objects | | |
| Builds complex tower (smaller blocks used) | | |
| Builds bridge & 3 steps | | |
| Holds & uses pen with control | | |
| Copies X & V | | |
| Copies O & T | | |
| May draw house with window | | |
| Can cut along line with control | | |
| May dress without help | | |

| COGNITIVE DEVELOPMENT | COMMENT | DATE |
|--------------------------------------------------------------------------------------|---------|------|
| Draws person with head & 2 or 3 body parts | | |
| Touches objects when counting (understanding relationship between numbers & objects) | | |
| Gives full name (& address) when asked | | |
| Knows rhymes & likes to say them while looking at book | | |
| Tells story that has been read to him/her recently | | |
| Asks Questions - wants more detailed answers & explanations | | |
| Sometime says what s/he plans to draw before starting | | |
| Indicates middle objects | | |
| Points to higher of 2 objects | | |

| | | |
|----------------------------|--|--|
| Able to count 15 objects | | |
| Able to count 15 by memory | | |

| PRE-WRITING PRE-READING SKILLS | COMMENT | DATE |
|-------------------------------------------------|---------|------|
| Includes features of real letters in scribbling | | |
| Writes real alphabet letters | | |
| Recognises own name in print | | |

| SOCIAL SKILLS | COMMENT | DATE |
|-------------------------------------------------------------------------------------------------------------------------|---------|------|
| Shows concern for others who may be in distress | | |
| Is able to involve self in ongoing play activities in a positive way (eg. Joining established play with other children) | | |
| Able to maintain role in ongoing play activities in a positive manner | | |
| Demonstrates delight for someone else who is showing pleasure | | |
| Gives something of their own to another child | | |
| Responds positively to reasonable requests | | |
| Willing to take turns | | |
| Asserts with words, shows others how to do things | | |
| Enjoys company of older children | | |
| Plays co-operatively, may be aggressive at times | | |
| Disagrees when playing sometimes | | |
| Takes turns | | |
| Group of 2 or 3 gather & plan activities - often exclude others from group | | |

| SELF CONCEPT | COMMENT | DATE |
|-----------------------------------------------------------------|---------|------|
| Is confident in role playing when engaged in dramatic play | | |
| Praises self and can be boastful | | |
| Has sense of humour | | |
| Plays imaginary games in enclosed spaces | | |
| Plays constructively with outside building equipment | | |
| Expresses anger in words rather than through aggressive actions | | |

| SELF HELP SKILLS | COMMENT | DATE |
|------------------------------------------------------------------|---------|------|
| Uses spoon & fork skilfully | | |
| Washes & dries hands independently – does not need help with tap | | |
| Confident with eating sleeping & toileting skills | | |

| LANGUAGE SKILLS | COMMENT | DATE |
|-----------------|---------|------|
|-----------------|---------|------|

| | | |
|-----------------------------------------------------------------|--|--|
| | | |
| Uses large vocabulary, sometimes not understanding words used | | |
| Maintains longer concentration especially at story time | | |
| Speech grammatically correct | | |
| Uses longer sentences | | |
| Finds some sounds difficult (f---r---s---v) ---- (ch---sh---th) | | |
| Enjoys talking | | |
| Experiments with new words | | |
| Is normally assertive | | |
| Recalls recent events well | | |
| Smiles, makes up words, enjoys the joke | | |
| Talks to self as building with blocks | | |

| IMAGINATION/CREATIVITY | COMMENT | DATE |
|---------------------------------------------------------------------------------------------|---------|------|
| Is able, to use exciting, or danger packed themes when developing dramatic play | | |
| Uses themes from TV shows | | |
| Gives out particular roles or accepts roles given by others | | |
| Is able to assume characteristics & actions which are related to the role he/she is playing | | |

| ART SKILLS | COMMENT | DATE |
|----------------------------------------------------------------|---------|------|
| Draws people as a circle with arms & legs attached to it | | |
| Able to retell familiar stories with increasing accuracy | | |
| Demonstrates awareness that the print in books tells the story | | |



Template U

Checklist - 4 years

NAME: _____ DOB: _____

DATE COMMENCED: _____

| GROSS MOTOR DEVELOPMENT | COMMENT | DATE |
|---------------------------------------------------|---------|------|
| Runs fast turning corners | | |
| Hops on preferred foot | | |
| Climbs frame skilfully | | |
| Rides tricycle fast, avoiding obstacles | | |
| Sits cross legged | | |
| Picks up ball, bending from waist - legs straight | | |
| Throws over arm with speed | | |
| Watches ball, moves arm to catch | | |
| Bounces ball | | |
| Hits ball with bat | | |
| Stands on one foot, maintaining balance | | |

| FINE MOTOR DEVELOPMENT | COMMENT | DATE |
|--------------------------------------------|---------|------|
| Threads small objects | | |
| Builds complex tower (smaller blocks used) | | |
| Builds bridge & 3 steps | | |
| Holds & uses pen with control | | |
| Copies X & V | | |
| Copies O & T | | |
| May draw house with window | | |
| Can cut along line with control | | |
| May dress without help | | |

| COGNITIVE DEVELOPMENT | COMMENT | DATE |
|--------------------------------------------------------------------------------------|---------|------|
| Draws person with head & 2 or 3 body parts | | |
| Touches objects when counting (understanding relationship between numbers & objects) | | |
| Gives full name (& address) when asked | | |
| Knows rhymes & likes to say them while looking at book | | |
| Tells story that has been read to him/her recently | | |
| Asks Questions - wants more detailed answers & explanations | | |
| Sometime says what s/he plans to draw before starting | | |
| Indicates middle objects | | |
| Points to higher of 2 objects | | |

| | | |
|----------------------------|--|--|
| Able to count 15 objects | | |
| Able to count 15 by memory | | |

| PRE-WRITING PRE-READING SKILLS | COMMENT | DATE |
|-------------------------------------------------|---------|------|
| Includes features of real letters in scribbling | | |
| Writes real alphabet letters | | |
| Recognises own name in print | | |

| SOCIAL SKILLS | COMMENT | DATE |
|-------------------------------------------------------------------------------------------------------------------------|---------|------|
| Shows concern for others who may be in distress | | |
| Is able to involve self in ongoing play activities in a positive way (eg. Joining established play with other children) | | |
| Able to maintain role in ongoing play activities in a positive manner | | |
| Demonstrates delight for someone else who is showing pleasure | | |
| Gives something of their own to another child | | |
| Responds positively to reasonable requests | | |
| Willing to take turns | | |
| Asserts with words, shows others how to do things | | |
| Enjoys company of older children | | |
| Plays co-operatively, may be aggressive at times | | |
| Disagrees when playing sometimes | | |
| Takes turns | | |
| Group of 2 or 3 gather & plan activities - often exclude others from group | | |

| SELF CONCEPT | COMMENT | DATE |
|-----------------------------------------------------------------|---------|------|
| Is confident in role playing when engaged in dramatic play | | |
| Praises self and can be boastful | | |
| Has sense of humour | | |
| Plays imaginary games in enclosed spaces | | |
| Plays constructively with outside building equipment | | |
| Expresses anger in words rather than through aggressive actions | | |

| SELF HELP SKILLS | COMMENT | DATE |
|------------------------------------------------------------------|---------|------|
| Uses spoon & fork skilfully | | |
| Washes & dries hands independently – does not need help with tap | | |
| Confident with eating sleeping & toileting skills | | |

| LANGUAGE SKILLS | COMMENT | DATE |
|-----------------|---------|------|
|-----------------|---------|------|

| | | |
|-----------------------------------------------------------------|--|--|
| | | |
| Uses large vocabulary, sometimes not understanding words used | | |
| Maintains longer concentration especially at story time | | |
| Speech grammatically correct | | |
| Uses longer sentences | | |
| Finds some sounds difficult (f---r---s---v) ---- (ch---sh---th) | | |
| Enjoys talking | | |
| Experiments with new words | | |
| Is normally assertive | | |
| Recalls recent events well | | |
| Smiles, makes up words, enjoys the joke | | |
| Talks to self as building with blocks | | |

| IMAGINATION/CREATIVITY | COMMENT | DATE |
|---------------------------------------------------------------------------------------------|---------|------|
| Is able, to use exciting, or danger packed themes when developing dramatic play | | |
| Uses themes from TV shows | | |
| Gives out particular roles or accepts roles given by others | | |
| Is able to assume characteristics & actions which are related to the role he/she is playing | | |

| ART SKILLS | COMMENT | DATE |
|----------------------------------------------------------------|---------|------|
| Draws people as a circle with arms & legs attached to it | | |
| Able to retell familiar stories with increasing accuracy | | |
| Demonstrates awareness that the print in books tells the story | | |

Template U

Checklist - 5 years

NAME: _____ DOB: _____

DATE COMMENCED: _____

| GROSS MOTOR DEVELOPMENT | COMMENT | DATE |
|-------------------------------------------------------------------|---------|------|
| 5 YEARS | | |
| Walks along narrow line using arms to balance | | |
| Runs lightly on toes as pushing toys (wheelbarrows) | | |
| Stands on one foot, arms folded, balanced for a couple of seconds | | |
| Can hop on either foot | | |
| Walks on line "heel & toe" when shown | | |
| Skips on alternate feet | | |
| Climbs skilfully & finds a variety of ways to swing | | |
| Touches toes, knees straight | | |
| Walks quickly on balance beam, maintaining balance | | |
| Able to run with control over speed and direction | | |
| Crawls through a tunnel | | |
| Jumps from heights landing on two feet | | |
| Throws over/under-arm (Distance?) | | |
| Catches a ball from a distance of...? | | |
| Kicks a ball (Distance?) | | |
| Can propel self on a swing | | |
| Can skip (with/out rope) | | |

| FINE MOTOR DEVELOPMENT | COMMENT | DATE |
|---------------------------------------------------------------------------------|---------|------|
| 5 YEARS | | |
| Picks up minute objects | | |
| Builds 3 steps with 6 blocks | | |
| Counts fingers with index finger of other hand | | |
| Hand controls pencil, can copy a square | | |
| Copies letters, may write some unprompted | | |
| Draws house with roof, door & windows | | |
| Controls paintbrush, explores paper with strokes | | |
| Paints outline, then fills in | | |
| Able to use hands to turn things easily (egg beaters, knobs, lids) Rotates hand | | |
| Able to undo & do up zips, velcro, buttons | | |
| Threads small beads using pincer grip | | |
| Places blocks on a tower with precision | | |
| Turns pages of a book using finger tips & with control | | |

| COGNITIVE DEVELOPMENT | COMMENT | DATE |
|-------------------------------------------------------------------------------|---------|------|
| 5 YEARS | | |
| Draws persons head, body, arms & legs | | |
| Draws house with person & dog etc. | | |
| Counts toes & fingers, correctly knowing how many | | |
| Gives full name, age, sex (& address) | | |
| Can match & name colours | | |
| Beginning to understand concepts of time - especially when related to routine | | |
| Describes past events in detail | | |
| Listens & can deliver message | | |
| Can define objects either by what it is used for / what it is like | | |
| Enjoys games & can understand simple rules | | |
| Concentrates for a period of time / which is _____? | | |
| Able to move legs & feet in rhythm to a beat | | |
| Able to clap hands in rhythm to a beat | | |
| Able to beat drum using alternating hands in rhythm to a beat | | |
| Able to identify & label secondary colours (inc. Black & White) | | |
| Able to recognise differences in size – small, medium & large | | |
| Able to identify & label secondary shapes (more complex) | | |
| Able to sort objects by appearance / function, throughout play | | |
| Able to recognise & identify differences in musical tones | | |
| Able to reproduce musical tones with voice | | |
| Able to arrange events in sequence from first to last | | |
| Able to arrange objects in a series according to a rule (smallest to biggest) | | |
| Able to count to twenty from memory | | |
| Able to count numbers of objects up to twenty | | |
| Knows the sequence of daily routines | | |
| Knows, & is able to describe what happened yesterday | | |
| Is able to build an enclosure from blocks | | |
| Is able to recall words of songs, action rhymes & tales | | |
| Uses problem solving to complete complex inter-locking jigsaw puzzles | | |

| PRE READING PRE WRITING SKILLS | COMMENT | DATE |
|--------------------------------|---------|------|
| 5 YEARS | | |

| | | |
|---------------------------------------------------------|--|--|
| Writes other words (cat, dog etc) | | |
| Retells stories from books with increasing accuracy | | |
| Attempts to match telling of story with print in book | | |
| Wants to know what particular print says | | |
| Recognises familiar written words (other than own name) | | |

| SOCIAL SKILLS | COMMENT | DATE |
|-------------------------------------------------------------------------|----------------|-------------|
| 5 YEARS | | |
| Helps friend (untying hair etc) | | |
| Assists others to complete tasks | | |
| Looks after others who are hurt or distressed | | |
| Leans against person when listening to story | | |
| Chooses friends & plays best with one friend | | |
| Builds with other children & plays with them | | |
| Resolves conflicts with other children during play in a positive manner | | |

| SELF CONCEPT | COMMENT | DATE |
|---------------------------------------------------------|----------------|-------------|
| 5 YEARS | | |
| Enjoys pretend games | | |
| Shows sense of humour (own jokes) | | |
| Expresses self creatively | | |
| Can tolerate some frustration in play | | |
| Can tolerate dirt & messiness when activity requires it | | |
| Accepts and likes food | | |
| Accepts help with difficult problems | | |

| SELF HELP SKILLS | COMMENT | DATE |
|----------------------------------------|----------------|-------------|
| 5 YEARS | | |
| Uses knife & fork to eat | | |
| Takes off shirt & able to put back on | | |
| Understands tidiness, helps clear away | | |

| LANGUAGE | COMMENT | DATE |
|---------------------------------------------|----------------|-------------|
| 5 YEARS | | |
| Speaks clearly, uses correct sentences | | |
| Speech is fluent when talking to caregivers | | |



| | | |
|---------------------------------------------------|--|--|
| Uses past tense correctly | | |
| Uses "AND" to join phrases | | |
| Uses abstract words to describe | | |
| Enjoys jokes | | |
| Understands meaning of "hungry" & "thirsty" | | |
| Knows opposites ---- up & down | | |
| Listens to story & may act it out later | | |
| Enjoys singing with others while playing together | | |
| Speaks confidently in group settings | | |
| Speaks in expanded sentences | | |
| Asks questions in appropriate word order | | |
| Uses past tense verbs correctly | | |
| Plays with rhyming words | | |

| ART SKILLS | COMMENT | DATE |
|-------------------------------------------------------|---------|------|
| 5 YEARS | | |
| Draws animals, trees & flowers | | |
| Makes pictorial drawings (scenes) | | |
| Attempts to match telling of story with print in book | | |
| Wants to know what particular print says | | |

Template U

Checklist - 5 years

NAME: _____ DOB: _____

DATE COMMENCED: _____

| GROSS MOTOR DEVELOPMENT | COMMENT | DATE |
|-------------------------------------------------------------------|---------|------|
| 5 YEARS | | |
| Walks along narrow line using arms to balance | | |
| Runs lightly on toes as pushing toys (wheelbarrows) | | |
| Stands on one foot, arms folded, balanced for a couple of seconds | | |
| Can hop on either foot | | |
| Walks on line "heel & toe" when shown | | |
| Skips on alternate feet | | |
| Climbs skilfully & finds a variety of ways to swing | | |
| Touches toes, knees straight | | |
| Walks quickly on balance beam, maintaining balance | | |
| Able to run with control over speed and direction | | |
| Crawls through a tunnel | | |
| Jumps from heights landing on two feet | | |
| Throws over/under-arm (Distance?) | | |
| Catches a ball from a distance of...? | | |
| Kicks a ball (Distance?) | | |
| Can propel self on a swing | | |
| Can skip (with/out rope) | | |

| FINE MOTOR DEVELOPMENT | COMMENT | DATE |
|---------------------------------------------------------------------------------|---------|------|
| 5 YEARS | | |
| Picks up minute objects | | |
| Builds 3 steps with 6 blocks | | |
| Counts fingers with index finger of other hand | | |
| Hand controls pencil, can copy a square | | |
| Copies letters, may write some unprompted | | |
| Draws house with roof, door & windows | | |
| Controls paintbrush, explores paper with strokes | | |
| Paints outline, then fills in | | |
| Able to use hands to turn things easily (egg beaters, knobs, lids) Rotates hand | | |
| Able to undo & do up zips, velcro, buttons | | |
| Threads small beads using pincer grip | | |
| Places blocks on a tower with precision | | |
| Turns pages of a book using finger tips & with control | | |

| COGNITIVE DEVELOPMENT | COMMENT | DATE |
|-------------------------------------------------------------------------------|---------|------|
| 5 YEARS | | |
| Draws persons head, body, arms & legs | | |
| Draws house with person & dog etc. | | |
| Counts toes & fingers, correctly knowing how many | | |
| Gives full name, age, sex (& address) | | |
| Can match & name colours | | |
| Beginning to understand concepts of time - especially when related to routine | | |
| Describes past events in detail | | |
| Listens & can deliver message | | |
| Can define objects either by what it is used for / what it is like | | |
| Enjoys games & can understand simple rules | | |
| Concentrates for a period of time / which is _____? | | |
| Able to move legs & feet in rhythm to a beat | | |
| Able to clap hands in rhythm to a beat | | |
| Able to beat drum using alternating hands in rhythm to a beat | | |
| Able to identify & label secondary colours (inc. Black & White) | | |
| Able to recognise differences in size – small, medium & large | | |
| Able to identify & label secondary shapes (more complex) | | |
| Able to sort objects by appearance / function, throughout play | | |
| Able to recognise & identify differences in musical tones | | |
| Able to reproduce musical tones with voice | | |
| Able to arrange events in sequence from first to last | | |
| Able to arrange objects in a series according to a rule (smallest to biggest) | | |
| Able to count to twenty from memory | | |
| Able to count numbers of objects up to twenty | | |
| Knows the sequence of daily routines | | |
| Knows, & is able to describe what happened yesterday | | |
| Is able to build an enclosure from blocks | | |
| Is able to recall words of songs, action rhymes & tales | | |
| Uses problem solving to complete complex inter-locking jigsaw puzzles | | |

| PRE READING PRE WRITING SKILLS | COMMENT | DATE |
|--------------------------------|---------|------|
| 5 YEARS | | |

| | | |
|---------------------------------------------------------|--|--|
| Writes other words (cat, dog etc) | | |
| Retells stories from books with increasing accuracy | | |
| Attempts to match telling of story with print in book | | |
| Wants to know what particular print says | | |
| Recognises familiar written words (other than own name) | | |

| SOCIAL SKILLS | COMMENT | DATE |
|-------------------------------------------------------------------------|----------------|-------------|
| 5 YEARS | | |
| Helps friend (untying hair etc) | | |
| Assists others to complete tasks | | |
| Looks after others who are hurt or distressed | | |
| Leans against person when listening to story | | |
| Chooses friends & plays best with one friend | | |
| Builds with other children & plays with them | | |
| Resolves conflicts with other children during play in a positive manner | | |

| SELF CONCEPT | COMMENT | DATE |
|---------------------------------------------------------|----------------|-------------|
| 5 YEARS | | |
| Enjoys pretend games | | |
| Shows sense of humour (own jokes) | | |
| Expresses self creatively | | |
| Can tolerate some frustration in play | | |
| Can tolerate dirt & messiness when activity requires it | | |
| Accepts and likes food | | |
| Accepts help with difficult problems | | |

| SELF HELP SKILLS | COMMENT | DATE |
|----------------------------------------|----------------|-------------|
| 5 YEARS | | |
| Uses knife & fork to eat | | |
| Takes off shirt & able to put back on | | |
| Understands tidiness, helps clear away | | |

| LANGUAGE | COMMENT | DATE |
|---------------------------------------------|----------------|-------------|
| 5 YEARS | | |
| Speaks clearly, uses correct sentences | | |
| Speech is fluent when talking to caregivers | | |



| | | |
|---------------------------------------------------|--|--|
| Uses past tense correctly | | |
| Uses "AND" to join phrases | | |
| Uses abstract words to describe | | |
| Enjoys jokes | | |
| Understands meaning of "hungry" & "thirsty" | | |
| Knows opposites ---- up & down | | |
| Listens to story & may act it out later | | |
| Enjoys singing with others while playing together | | |
| Speaks confidently in group settings | | |
| Speaks in expanded sentences | | |
| Asks questions in appropriate word order | | |
| Uses past tense verbs correctly | | |
| Plays with rhyming words | | |

| ART SKILLS | COMMENT | DATE |
|-------------------------------------------------------|---------|------|
| 5 YEARS | | |
| Draws animals, trees & flowers | | |
| Makes pictorial drawings (scenes) | | |
| Attempts to match telling of story with print in book | | |
| Wants to know what particular print says | | |

Staff Appraisal Document

The process of staff appraisal is put in place to not only to improve staff current performance in the workplace but also to make decisions about the skills we need to develop as a team in order to achieve our ambitions for our future success.

The appraisal process consists of 5 stages:

1. Preliminary evaluation of the staff member's professional practice and ethics
2. Interview between the staff member and Nominated Supervisor/Director
3. Collaborative review of the staff member's preliminary evaluation notes
4. Forward planning for professional growth
5. Periodic review of professional growth and development progress

All records and discussions noted throughout the appraisal process will remain confidential between both parties (the employer and the employee).

Employer: _____ **Service Location:** _____

Employer Representative (Centre Director/Nominated Supervisor): _____

Employee: _____

Employee Qualifications: _____

Date of Employment: _____

Appraisal Timeline:

Preliminary Evaluation - _____

Interview - _____

Collaborative review - _____

Forward Planning - _____

Periodic Review - _____

All information noted within this document is agreed upon by both parties and will remain confidential.

Director: _____

Employee: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Stage 1: Preliminary Evaluation of Staff Member's Professional Practice

F = Frequently O = Occasionally N = Never

| General Work Habits | F | O | N |
|--------------------------------------------|---|---|---|
| Arrives on time | | | |
| Reliable in attendance | | | |
| Responsible in job duties | | | |
| Alert in health and safety matters | | | |
| Flexible with tasks and rosters | | | |
| Maintains a positive attitude | | | |
| Gives ample notice for absence | | | |
| Remains calm in tense situations | | | |
| Feedback/Notes: | | | |
| Interaction With Children | F | O | N |
| Friendly, warm and affectionate | | | |
| Eye to eye interaction | | | |
| Uses modulated, appropriate voice | | | |
| Shows respect for individuals | | | |
| Is aware of developmental levels | | | |
| Encourages independence and self-help | | | |
| Avoids stereotyping and labelling | | | |
| Reinforces positive behaviour | | | |
| Uses positive discipline techniques | | | |
| Regularly records observations of children | | | |
| Feedback/Notes: | | | |

| Classroom Management | F | O | N |
|------------------------------------------------|---|---|---|
| Creates an inviting learning environment | | | |
| Maintains a safe environment | | | |
| Provides age appropriate activities | | | |
| Develops goals from observations | | | |
| Facilitates growth in all areas of development | | | |
| Serves as an appropriate role model | | | |
| Anticipates problems and redirects behaviour | | | |
| Is flexible, responsive to children's needs | | | |
| Is prepared for the day's activities | | | |
| Handles transitions well | | | |

Feedback/Notes:

| Working With Parents | F | O | N |
|---------------------------------------------------------|---|---|---|
| Available and approachable with parents | | | |
| Listens and responds well to parents | | | |
| Is tactful with negative information | | | |
| Shows respect for those from diverse backgrounds | | | |
| Maintains confidentiality | | | |
| Seeks a partnership with parents | | | |
| Regularly shares information about the child's progress | | | |
| Involves parents in centre activities and events | | | |

Feedback/Notes:

| Interaction With Children | F | O | N |
|----------------------------------------------|----------|----------|----------|
| Is friendly and respectful | | | |
| Strives to assume a fair share of work | | | |
| Shares ideas and materials | | | |
| Communicates directly, avoids gossip | | | |
| Approaches criticism with learning attitude | | | |
| Looks for ways to be helpful | | | |
| Solves conflict independently | | | |
| Feedback/Notes: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Professionalism and Growth | F | O | N |
| Takes job seriously, seeks skill improvement | | | |
| Participates in meetings, workshops, classes | | | |
| Sets goals for personal growth | | | |
| Behaves in an ethical manner | | | |
| Feedback/Notes: | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Stage 1 cont.: Preliminary Evaluation of Staff Member's Professional Ethics (as stated in the ECA Code of Ethics)

| In relation to children does the staff member: | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| act in the best interests of all children | |
| create and maintain safe, healthy, inclusive environments that support children's agency and enhance their learning | |
| provide a meaningful curriculum to enrich children's learning, balancing child and educator initiated experiences | |
| understand and be able to explain to others how play and leisure enhance children's learning, development and wellbeing | |
| ensure childhood is a time for being in the here and now and not solely about preparation for the future | |
| collaborate with children as global citizens in learning about our shared responsibilities to the environment and humanity | |
| value the relationship between children and their families and enhance these relationships through my practice | |
| ensure that children are not discriminated against on the basis of gender, sexuality, age, ability, economic status, family structure, lifestyle, ethnicity, religion, language, culture, or national origin | |
| negotiate children's participation in research, by taking into account their safety, privacy, levels of fatigue and interest | |
| respect children as capable learners by including their perspectives in teaching, learning and assessment | |
| safeguard the security of information and documentation about children, particularly when shared on digital platforms. | |
| Feedback/Notes: | |
| | |
| In relation to colleagues does the staff member: | |
| encourage others to adopt and act in accordance with this Code, and take action in the presence of unethical behaviours | |
| build a spirit of collegiality and professionalism through collaborative relationships based on trust, respect and honesty | |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| acknowledge and support the diverse strengths and experiences of colleagues in order to build shared professional knowledge, understanding and skills | |
| use constructive processes to address differences of opinion in order to negotiate shared perspectives and actions | |
| participate in a 'lively culture of professional inquiry' to support continuous improvement | |
| implement strategies that support and mentor colleagues to make positive contributions to the profession | |
| maintain ethical relationships in my online interactions. | |
| Feedback/Notes: | |
| In relation to families does the staff member: | |
| support families as children's first and most important teacher and respect their right to make decisions about their children | |
| listen to and learn with families and engage in shared decision making, planning and assessment practices in relation to children's learning, development and wellbeing | |
| develop respectful relationships based on open communication with the aim of encouraging families' engagement and to build a strong sense of belonging | |
| learn about, respect and respond to the uniqueness of each family, their circumstances, culture, family structure, customs, language, beliefs and kinship systems | |
| respect families' right to privacy and maintain confidentiality. | |
| Feedback/Notes: | |

| In relation to the community and society does the staff member: | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| learn about local community contexts and aspirations in order to create responsive programs to enhance children's learning, development and wellbeing | |
| collaborate with people, services and agencies to develop shared understandings and actions that support children and families | |
| use research and practice-based evidence to advocate for a society where all children have access to quality education and care | |
| promote the value of children's contribution as citizens to the development of strong communities | |
| work to promote increased appreciation of the importance of childhood including how children learn and develop, in order to inform programs and systems of assessment that benefit children | |
| advocate for the development and implementation of laws and policies that promote the rights and best interests of children and families. | |
| Feedback/Notes: | |
| | |
| In relation to the profession does the staff member: | |
| base my work on research, theories, content knowledge, practice evidence and my understanding of the children and families with whom I work | |
| take responsibility for articulating my professional values, knowledge and practice and the positive contribution our profession makes to society | |
| engage in critical reflection, ongoing professional learning and support research that builds my knowledge and that of the profession | |
| work within the scope of my professional role and avoid misrepresentation of my professional competence and qualifications | |
| encourage qualities and practices of ethical leadership within the profession | |
| model quality practice and provide constructive feedback and assessment for students as aspiring professionals | |
| mentor new graduates by supporting their induction into the profession | |

Feedback/Notes:

Stage 2: Interview

What aspects of your career and position within the centre do you find most rewarding and fulfilling?

What challenges have you faced or are currently facing which may be impacting on your job performance?

What skills are you currently working on (professional or personal)?

What skills and knowledge would you like to develop further?

Where do you see yourself in 5 years?

Explain your understanding of the Early Childhood Australia Code of Ethics?

Explain your understanding of the National Quality Framework (NQF)?

Explain your understanding of the accreditation process and the centre's Quality Improvement Plan (QIP)?

Stage 3: Collaborative Review of the preliminary evaluation notes

| Professional Practice Area | Staff Member's Response/Feedback |
|-----------------------------------|-----------------------------------------|
| General work habits | |
| Interaction with children | |
| Classroom management | |
| Working with parents | |
| Working with colleagues | |

| | |
|------------------------------------------|-----------------------------------------|
| Professionalism and growth | |
| Professional Ethics Area | Staff Member's Response/Feedback |
| In relation to children | |
| In relation to colleagues | |
| In relation to families | |
| In relation to the community and society | |

| | |
|-------------------------------|--|
| In relation to the profession | |
| Professional Ethics Area | |
| In relation to children | |

Stage 4: Forward Planning for Professional Growth

| Area for professional growth | How? mentoring, inservice training, performed management tool | By When? timeline in which to achieve a level of growth considered satisfactory |
|-------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| | | |

Stage 5: Periodic Review of Professional Growth

| Area for professional growth | How? mentoring, inservice training, performed management tool | Progress Notes (date all notes made) |
|-------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------|
| | | |
| | | |
| | | |
| | | |