

Montessori Centre International
Observations – Cover Sheet

Student Name _____ Student Number: _____

Date of Observation: _____ Observation No. _____

Observation Technique: _____

Starting Time: _____ Finishing Time: _____

No: of Children: _____ No: and rôle of Adults: _____

Permission Sought From: _____

Signature _____

Description of Setting _____

Immediate Context (Playground, Art Corner etc.) _____

First Names of Child(ren) Observed _____

Brief Description of Child(ren) – ie gender/age/position in family/first language (if relevant) _____

Rationale for Observation (if appropriate) _____

Aim of Observation: _____
