

BABY OBSERVATION SHEET

Activity:

Date:

Person doing the activity:

(Babies might react differently to activities with different people.)



First time

Baby's mood: alert awake tired bored sleepy other:

Did your baby enjoy the activity? yes no

Did your baby find it easy to do it? yes no

How long was your baby engaged?

Baby's reactions:

Is there something you'd like to change in the activity for next time?

Anything that caught your attention?

Comments:

Follow-up

Person doing the activity:

Date:

(repeating the same activity)

What was different?

Did your baby find it easier to do it this time? yes no

Have you noticed any developmental changes?

(e.g. longer focus, eyes moving together, baby tries to reach/bat/grab, etc.)

How long was your baby engaged?

Did you change anything in the activity? yes no

Did your baby notice/like the change? yes no

Anything that caught your attention?

Comments:

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