

Discovery Zone Observation Form

Educator Name: _____

Director Signature: _____

Date of Observation:	Describe in 2-3 sentences what you saw the children doing and what they were trying to communicate. Focus on behaviour cues, verbalizations, and interactions with Discovery Zone activities	How did you support/extend/scaffold the children's skills at the moment? What did you do or say? Be specific.	Ideas for future learning:

Each educator to complete 1 observation set per day