

**INFANT TODDLER/SOCIAL/EMOTIONAL HEALTH  
CLASSROOM, SOCIALIZATION OBSERVATION**

**MH-7 IT**

**COVER SHEET**

Site/Class: \_\_\_\_\_ Date: \_\_\_\_\_

Observer: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Title: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Names of Caregivers/Providers: \_\_\_\_\_

**Observed (Check all that apply)**

Routines      Small Group      Individual/Free Choice      Outside      Meals/Snacks

**SUMMARY**

Concerns (if referencing children, use initials only):

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Recommendations for Follow-Up

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Signature Education TA/ Monitor or Licensed Clinician: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note: Send copy of white to Grantee Disabilities Supervisor.**

## Infant/Toddler Classroom/Socialization Observation

Key: N/O = NOT OBSERVED/COULD NOT DETERMINE      0 = COULD USE IMPROVEMENT  
1 = APPROPRIATE      2 = EXCELLENT

I. <b>Environments</b>		N/O	0	1	2
A.	Caregivers provide quiet retreat areas for infants/toddlers in indoor and outdoor environments by ensuring noise, excess adults, and general commotion are kept at a minimum to avoid overstimulation.				
B.	Caregivers primarily use muted colors on walls and fixtures and provide areas free of clutter (i.e., tops of shelves and walls) to avoid overstimulation.				
C.	Caregivers display photographs of children and their families at their eye level to support their connection with home.				
D.	A variety of developmentally appropriate materials and toys are available including toys that can be used by multiple children at the same time and duplicates of highly preferred toys.				
E.	Caregivers provide children with opportunities to make choices throughout the day to encourage growing responsibility for their behavior/self-regulation and to support children's feelings of autonomy.				
F.	Children demonstrate an attachment to their caregivers, are content and are engaged in exploring their environment.				
G.	Caregivers promote interactions between toddlers in the context of activities and routines.				

**Comments:**

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**Recommendations:**

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Distribution: White – Center Supervisor/Teacher    Yellow- Delegate Director/Supervisor    Pink – Education TA Monitor/Licensed Clinician

**II. Responsiveness/Daily Routines/Transitions:**

	N/O	0	1	2
A. There is a primary caregiver assigned to children to individualize care based on each child's needs (i.e., diapers are changed as needed rather than fixed schedule, infants are soothed in different ways, and infants eat on their own schedule/ esp. under 12 mos.).				
B. Caregivers interact socially with infants and toddlers by individualizing all daily routines such as, mealtimes, feeding, and diapering.				
C. Caregivers immediately respond to children in distress to assess child status and provide support.				
D. Caregivers consider context in the assessment of a child's distress and respond appropriately (i.e., a child fussing while beginning to nap may be given a back rub).				
E. Caregivers use physical touch and make eye contact, to build trust and develop attachments with their children.				
F. Transitions are individualized, and wait time is kept at a minimum.				
G. Caregivers use gestural, verbal, visual and/or object cues to prepare children for upcoming transitions.				

**Comments:**

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**Recommendations:**

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Based on CSEFEL The Pyramid Infant Toddler Observation Scale (TPITOS) author: Mary Louise Hemmeter. Please do not copy without permission

Optional  
New 1/17  
CF/MH-7 IT

**III. Adult/Child Communication:**

	N/O	0	1	2
A. Caregivers talk often to their individual children, calling them by name, but avoid over stimulating chatter.				
B. Caregivers follow the child's lead when engaged in interaction (i.e., adults talk about what the child is doing, interact with the child and a toy or play activity the child has selected; allow the child to direct the play and their pace).				
C. Caregivers acknowledge and appropriately respond to children's verbal and non-verbal cues.				
D. Caregivers respond to children's communication attempts and extend conversations (i.e., expanding language experiences).				
E. Caregivers use words, facial expressions, gestures, and physical positioning in response to children's cues that they are ready to engage, in order to maintain and extend the child's interest and engagement.				

**Comments:**

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**Recommendations:**

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**IV. Social Emotional Interactions:**

	N/O	0	1	2
A. Interactions between caregivers and children provide appropriate models of social interaction (i.e., supportive, and respectful).				
B. Caregivers verbally comment on children who are engaging in pro-social behaviors (i.e., giving a toy to another child, taking turns, and smiling at another child).				
C. Caregivers guide children in their play with peers as developmentally appropriate by describing another child's interest ("He wants to look at the book with you") and guiding simple interactions ("Push the car to her.").				
D. Caregivers embed social/emotional teaching (i.e., talk about the child's feelings, look at pictures of different emotional expressions, caregivers label their own emotions) into routines throughout the day.				
E. Caregivers comment on children's feelings/thought perspectives to encourage children's expression of thoughts, feelings, and needs.				
F. Caregivers make positive and individually appropriate attempts to engage children who are not engaged in play or with peers.				

**Comments:**

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**Recommendations:**

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