



# Playful Roadmaps

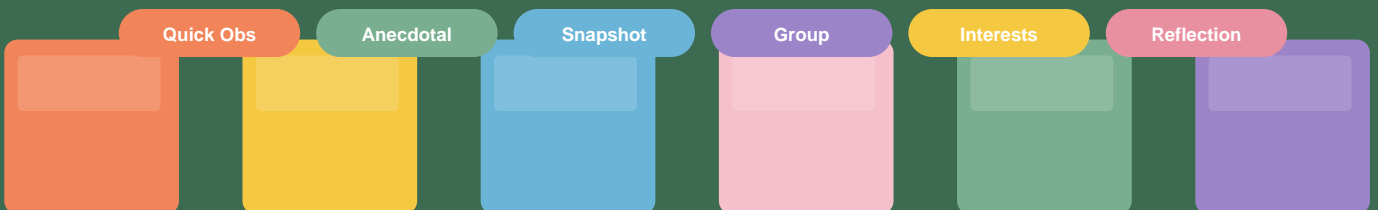
Making EYLF planning simple and joyful

EYLF-Aligned

## Observation Templates

for Early Childhood Educators

6 Ready-to-Use Templates . Print & Use Today . EYLF Outcomes Built In



Download more resources at [www.playfulroadmaps.com.au](http://www.playfulroadmaps.com.au)



# Quick Observation

Fast jot sheet - complete in under 2 minutes

|                             |                       |                               |
|-----------------------------|-----------------------|-------------------------------|
| <b>Child's Name / Group</b> | <b>Date</b>           | <b>Activity / Lesson Plan</b> |
| <b>Educator Name</b>        | <b>Setting / Room</b> |                               |

**What I Observed (jot quickly - key words are enough)**

---

---

---

---

---

---

---

---

---

---

Prompts: engagement language emotions social interactions problem-solving curiosity

**EYLF Outcomes - tick what applies**

O1 Identity
  O2 Community
  O3 Wellbeing
  O4 Learning
  O5 Communication

|                                    |                         |
|------------------------------------|-------------------------|
| <b>What the Child Demonstrated</b> | <b>Next Steps</b>       |
| <hr/> <hr/> <hr/> <hr/>            | <hr/> <hr/> <hr/> <hr/> |

**Skills / Dispositions Observed - tick all that apply**

Communication
  Problem-solving
  Creativity
  Collaboration

Curiosity
  Fine motor
  Gross motor
  Numeracy

Literacy
  Self-regulation
  Risk-taking
  Independence



# Anecdotal Record

Capture the story of what happened, in the child's words and actions

|              |      |      |                   |
|--------------|------|------|-------------------|
| Child's Name | Date | Time | Setting / Context |
|--------------|------|------|-------------------|

Linked Activity / Lesson Plan: \_\_\_\_\_

**The Anecdote - what happened? (who, what, where, how)**

|                          |                                |
|--------------------------|--------------------------------|
| <i>Who was involved?</i> | <i>What did the child say?</i> |
| _____                    | _____                          |
| _____                    | _____                          |
| _____                    | _____                          |
| _____                    | _____                          |

**Child's Voice / Direct Quote**

||

\_\_\_\_\_

\_\_\_\_\_

**Engagement Level**

Exploring
  Engaged
  Absorbed
  Leading

**EYLF Outcomes - tick what applies**

O1 Identity
  O2 Community
  O3 Wellbeing
  O4 Learning
  O5 Communication

**What This Shows About the Child**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Next Steps**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_




# Learning Snapshot



Short, focused capture - great for photo documentation moments

|                      |                                       |             |                 |                 |
|----------------------|---------------------------------------|-------------|-----------------|-----------------|
| <b>Child / Group</b> | <b>Age</b><br><small>yrs/mths</small> | <b>Date</b> | <b>Activity</b> | <b>Educator</b> |
|----------------------|---------------------------------------|-------------|-----------------|-----------------|



*Photo / Drawing*

### What I Saw / Heard

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

|   |  |
|---|--|
| <input type="checkbox"/> child-led        | <input type="checkbox"/> educator-prompted |
| <input type="checkbox"/> peer interaction | <input type="checkbox"/> spontaneous       |

### EYLF Outcomes

|                                      |                                       |                                       |                                      |   |
|--------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> O1 Identity | <input type="checkbox"/> O2 Community | <input type="checkbox"/> O3 Wellbeing | <input type="checkbox"/> O4 Learning | <input type="checkbox"/> O5 Communication |
|--------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|---|

### What the Child Demonstrated

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

### The Learning Moment (1 sentence)

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

### Next Step / Provocation

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

### Skills / Dispositions Observed

|  |  |                                      |  |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Problem-solving | <input type="checkbox"/> Creativity  | <input type="checkbox"/> Collaboration |
| <input type="checkbox"/> Curiosity     | <input type="checkbox"/> Fine motor      | <input type="checkbox"/> Gross motor | <input type="checkbox"/> Numeracy      |
| <input type="checkbox"/> Literacy      | <input type="checkbox"/> Self-regulation | <input type="checkbox"/> Risk-taking | <input type="checkbox"/> Independence  |



# Group Observation

Observe multiple children in one activity - fast, side-by-side format

|                        |      |          |          |
|------------------------|------|----------|----------|
| Activity / Lesson Plan | Date | Duration | Educator |
|------------------------|------|----------|----------|

## EYLF Focus for This Session

|                                      |                                       |                                       |                                      |   |
|--------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> O1 Identity | <input type="checkbox"/> O2 Community | <input type="checkbox"/> O3 Wellbeing | <input type="checkbox"/> O4 Learning | <input type="checkbox"/> O5 Communication |
|--------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|---|

| Child's Name | Observation Notes | EYLF Tick  | What They Showed | Next Step |
|--------------|-------------------|--|------------------|-----------|
| Child 1      |                   | <input type="checkbox"/> O1 <input type="checkbox"/> O2 <input type="checkbox"/> O3<br><input type="checkbox"/> O4 <input type="checkbox"/> O5 |                  |           |
| Child 2      |                   | <input type="checkbox"/> O1 <input type="checkbox"/> O2 <input type="checkbox"/> O3<br><input type="checkbox"/> O4 <input type="checkbox"/> O5 |                  |           |
| Child 3      |                   | <input type="checkbox"/> O1 <input type="checkbox"/> O2 <input type="checkbox"/> O3<br><input type="checkbox"/> O4 <input type="checkbox"/> O5 |                  |           |
| Child 4      |                   | <input type="checkbox"/> O1 <input type="checkbox"/> O2 <input type="checkbox"/> O3<br><input type="checkbox"/> O4 <input type="checkbox"/> O5 |                  |           |
| Child 5      |                   | <input type="checkbox"/> O1 <input type="checkbox"/> O2 <input type="checkbox"/> O3<br><input type="checkbox"/> O4 <input type="checkbox"/> O5 |                  |           |
| Child 6      |                   | <input type="checkbox"/> O1 <input type="checkbox"/> O2 <input type="checkbox"/> O3<br><input type="checkbox"/> O4 <input type="checkbox"/> O5 |                  |           |

## Group Patterns & Emerging Themes

|  |
|--|
| <p>_____</p> <p>_____</p> <p>_____</p> |
|--|

## Next Session Planning

|  |
|--|
| <p>_____</p> <p>_____</p> <p>_____</p> |
|--|



# Child Interest Tracker

Track interests and schemas over time - use weekly or fortnightly

|              |             |          |                 |
|--------------|-------------|----------|-----------------|
| Child's Name | Age / D.O.B | Educator | Tracking Period |
|--------------|-------------|----------|-----------------|

## Current Interests & Schemas - tick and add notes

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Nature & Living Things<br>notes: _____ | <input type="checkbox"/> Construction & Building<br>notes: _____ | <input type="checkbox"/> Art & Creativity<br>notes: _____     |
| <input type="checkbox"/> Music & Movement<br>notes: _____       | <input type="checkbox"/> Stories & Literacy<br>notes: _____      | <input type="checkbox"/> Science & Discovery<br>notes: _____  |
| <input type="checkbox"/> Cooking & Food<br>notes: _____         | <input type="checkbox"/> Role Play & Pretend<br>notes: _____     | <input type="checkbox"/> Maths & Patterns<br>notes: _____     |
| <input type="checkbox"/> Outdoor & Physical<br>notes: _____     | <input type="checkbox"/> Technology<br>notes: _____              | <input type="checkbox"/> Relationships & Care<br>notes: _____ |

|  |  |
|--|--|
| <b>Narrative - how is this interest showing up in play?</b><br>_____<br>_____<br>_____ | <b>Resources to Provoke Further</b><br>_____<br>_____<br>_____ |
|--|--|

### EYLF Connections

|                                      |                                       |                                       |                                      |   |
|--------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> O1 Identity | <input type="checkbox"/> O2 Community | <input type="checkbox"/> O3 Wellbeing | <input type="checkbox"/> O4 Learning | <input type="checkbox"/> O5 Communication |
|--------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|---|

**Next Steps - how will you follow this interest in your program?**

\_\_\_\_\_

\_\_\_\_\_



# Post-Activity Reflection

Your professional reflection - complete after the session, within 10 minutes

|                   |      |                        |                     |
|-------------------|------|------------------------|---------------------|
| Activity / Plan # | Date | Group Size<br>children | Duration<br>minutes |
|-------------------|------|------------------------|---------------------|

Overall Session Rating - circle one

1
  2
  3
  4
  5

What went well?

---

---

---

---

What would I change?

---

---

---

---

What surprised me?

---

---

---

---

What did I learn about the children?

---

---

---

---

EYLF Outcomes Evidenced Today

O1 Identity
  O2 Community
  O3 Wellbeing
  O4 Learning
  O5 Communication

Children to Follow Up Individually

---

---

---

Modifications for Next Time

---

---

---

Next Steps - what will you plan next based on today?

---

---

---

Find your next lesson plan at [www.playfulroadmaps.com.au](http://www.playfulroadmaps.com.au)

