

Infant / Toddlers



Helping Families Grow Healthy Children.  
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**MONTHLY OBSERVATION NOTES**

Please return by \_\_\_\_\_

Thank you ☺

Child \_\_\_\_\_

Provider (Print) \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Completed by FCCH Provider**

Please provide detailed observations.

Name three skills or strengths this child has worked on or mastered this month

Smiles while taking their bottle

Placing the chapter in the box

Rolling over, changing positions

Name three skills or areas this child is currently working on

Grasping objects in their hand

Pulling up self to a standing position

Repeating the words ma-ma and da-da

Comments, quotes or additional observations

Jonah is really alert, he follows Provider with his eyes.

Alanna has a difficult time at drop off

Please return by \_\_\_\_\_, thank you ☺

Return to ECE Specialist \_\_\_\_\_