

NATURAL ENVIRONMENT OBSERVATION / GOLD® DOCUMENTATION

CHILD'S NAME: _____ DOB: _____ DOE: _____

EXAMINER: _____ POSITION: _____

RESPONDENT: _____ RELATIONSHIP TO CHILD: _____

EDUCATIONAL ENVIRONMENT (Preschool/Daycare/Home): _____

The Natural Environment Observation (NEO) is intended to document strengths and needs of the child based on an observation(s) and interviews in a natural, age-appropriate environment. The form should be completed by LEA personnel in conjunction with the parent(s), childcare provider, preschool teacher(s), or other service providers (ex.: OT, PT). The NEO information is required for DD eligibility and should also be used to assist in documenting GOLD® levels for children with any disability area within 60 days of the beginning of special education services.

Codes: Family Focus Interview (FFI) Natural Environment Observation (NEO), Teaching Strategies GOLD® (TSG), Parent Report (PR) Teacher Report (TR) Observation (O) Related Services (RS) Assessment (A) Early Intervention Information (EI) Private Evaluations (PR) Medical Reports (MR) Curriculum Evaluations (CE) SLI Checklist (SC), Preschool Checklist (PC)

COMMUNICATION DEVELOPMENT				
	Does the child:	YES	NO	SOURCE(S)
1.	Understand and follow spoken directions? (GOLD® 8.b.)			
2.	Express wants and needs? (GOLD® 9.a., 9.c.)			
3.	Point to or name a variety of pictures/objects/actions? (GOLD® 9.a.)			
4.	Respond to questions? (GOLD® 8.a.)			
5.	Engage in conversations with peers/adults? (GOLD® 10.a.)			
6.	Use two- to five-word phrases? (GOLD® 9.c.)			
7.	Retell simple stories and events? (GOLD® 9.d.)			
8.	Refer to self by name? (GOLD® 9.a.)			

Concerns/Comments: _____

ADAPTIVE BEHAVIOR/DAILY LIVING ENVIRONMENT				
	Does the child:	YES	NO	SOURCE(S)
1.	Wash and dry hands without assistance? (GOLD® 1.c.)			
2.	Toilet independently? (GOLD® 1.c.)			
3.	Cover mouth and nose when sneezing and coughing? (GOLD® 1.c.)			
4.	Put on/take off simple clothing? (GOLD® 1.c.)			
5.	Follow mealtime routines? (GOLD® 1.b., 1.c.)			
6.	Open a food or drink container? (GOLD® 7.a.)			
7.	Eat with a spoon/fork? (GOLD® 1.c., 7.a.)			
8.	Drink from an open cup? (GOLD® 1.c., 7.a.)			

Concerns/Comments: _____

SOCIAL/EMOTIONAL DEVELOPMENT				
	Does the child:	YES	NO	SOURCE(S)
1.	Participate in pretend play to dramatize stories and reenact real-life roles/experiences? (GOLD® 14.b.)			
2.	Initiate play with other children? (GOLD® 2.c.)			
3.	Express positive and negative emotions in socially appropriate ways? (GOLD® 1.a.)			
4.	Change locations and activities without distress? (GOLD® 1.b., 1.c.)			
5.	Accept limits? (GOLD® 1.a., 1.b)			
6.	Separate easily from his/her family? (GOLD® 2.a.)			
7.	Sustain interaction with peers by cooperating, playing, and interacting? (GOLD® 2.a., 2.c)			
8.	Share and take turns with peers? (GOLD® 1.a., 3.a.)			
9.	Understand how actions affect others and begin to accept consequences of behavior? (GOLD® 1.a., 2.b., 3.b.)			

Concerns/Comments: _____

MOTOR DEVELOPMENT				
	Does the child:	YES	NO	SOURCE(S)
1.	Use writing tools and art media appropriately to draw or write? (GOLD® 7.b.)			
2.	Make purposeful marks such as lines, circles, or letters? (GOLD® 19.a.)			
3.	Kick a ball, jump, hop, skip, run with balance? (GOLD® 4, 5, 6)			
4.	Climb on playground equipment? (GOLD® 4)			
5.	Walk up and down stairs independently? (GOLD® 4)			
6.	Pick up small objects using a pincer grasp? (GOLD® 7.a.)			
7.	Fasten clothing (buttons, snaps, or zippers) independently? (GOLD® 7.a.)			
8.	Participate in simple songs, finger plays, and nursery rhymes? (GOLD® 7.a., 15.a., 21.a.)			

Concerns/Comments: _____

COGNITIVE DEVELOPMENT				
	Does the child:	YES	NO	SOURCE(S)
1.	Understand and follow rules and routines? (GOLD® 1.b.)			
2.	Listen attentively to stories? (GOLD® 18.a.)			
3.	Demonstrate appropriate book-handling skills? (GOLD® 17.a.)			
4.	Count 1-10? (GOLD® 20.a.)			
5.	Point to or name shapes? (GOLD® 21.b.)			
6.	Match and sort objects by specific characteristics (color, shape, size)? (GOLD® 13, 21.b.)			
7.	Have experience with computers and other forms of technology? (GOLD® 28 – not required)			
8.	State whether he/she is a boy or a girl? (GOLD® 30 – not required)			
9.	Point to or name body parts? (GOLD® 8.a., 9.a.)			

Concerns/Comments: _____