

## **Preschool Ministry Observer Sheet**

NAME:	
Date & Service Time	
Classroom Observing	
Cell # & Service Provider	

Please observe any of the following procedures that pertain to this room/age & use back for any notes or questions:

- Check in procedure (check stickers, sign in)
- Diaper Change or Restroom procedure
- Snack
- Playtime/Teacher Interaction
- Worship/Story
- Clean up
- Check out procedure

Was this age a good fit for you? Yes or No

Can you begin serving next weekend? Yes or No

Which service do you prefer?

5:00PM | 9:00AM | 11:00AM | 12:30PM



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NIA AAE.

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