

SELF OBSERVATION FORM

Your name: _____ Date: _____

Initial of child you are watching: _____

Track the session: (Write the details of the session below- make sure to mention the play itself, hyper, hypo and regulated activation, starting points/overcoming challenges, emotional age, etc.)

What type of SPT Reflections did you make the most? Least? (Mental, Emotional, Body, Relational- give some examples)

Were there feelings in the room that were not named/acknowledged? Were there times when more regulation was needed? Times when either you or the child was emotionally flooded?

What was your experience watching this session from an observer standpoint? How did you feel? What did you notice in your body?

In 2 sentences or less, what was the Set Up/the Offering? What did the child want you to know?

Your Strengths-

What do you want to work on for the next session(s):