

Observation with the Parents

Parents and Mentor Complete This Form

Name of the Infant: _____

Name of the Parents: _____

Name of Nurse/Doctor: _____

Summary

Observations regarding what the baby likes/dislikes/habits/behavior:

Observations regarding readiness of parents to watch their baby and comment:

Thoughts on your own role:

What were the things that you felt were easy/familiar/comfortable?

What were the things that you felt were difficult/strange/uncomfortable?

What were the things that the parents could benefit from now and possibly in the near future?

