

# [Observational stages of piaget erikson](https://assignbuster.com/observational-stages-of-piageterikson/)

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CDC Observational Experience, 1-2year old room 1) Age: 22 months, male \* Physical Growth and Development Milestones 1. Physical Characteristics- More well-balanced appearance as compared to the wide-based, top heavy appearance of younger toddlers (also present in the group).

2. Gross motor ability- Walked and ran with ease as compared to the younger children. More normal, less “ waddling” gait. Fell 1 time. 3. Fine motor ability- Manual dexterity development shown when turning pages of a book that I was holding during “ circle time”.

Observed making a circle on the water table with a smaller wand- shaped toy. . Sensory Ability- Able to verbally identify colors, shapes, animals (and animal sounds). \* Developmental Level of the Child- The observed child was in the “ Autonomy vs. Shame/Doubt” stage of Erikson’s Theory of Psychosocial Development. His language was more improved as compared to the limited words of the younger children. He was able to speak in very simple sentences.

I first observed autonomy when looking at what he was wearing, a Batman outfit with a cape! The caregivers told me that he likes to wear those things and also has a Superman cape that he chooses to wear. When given a simple command such as “ Come and sit down at the table”, he replied “ NO! ” and kept playing. The caregivers allowed him a few times of defiance, then picked him up and put him in the chair for lunch.

The child was fussy for a few minutes in the chair, but did cheer up when given his lunch. He was given a small amount of several different foods and chose only a few to eat. The child fed himself. He was not toilet trained yet. He seemed to be right in the middle of this stage, which is from 1 ? to 3 years. In reference to Piaget’s Theory of Cognitive Development, the child was in the” Mental Combinations” sensorimotor stage.

This was evident in reading our picture book, which had illustrations of different animals and vehicles. He spanned from naming colors in the book, to identifying a truck/bus/etc. , to expressing a “ roar” for a picture of a lion.

\* Psychosocial Development- 1. The child played with different toys on the water table, including buckets, cups, and brushes. He laughed at himself spinning a toy around very fast and watching the water spray around. He did seek approval for this. As he was doing it, he looked at the caregivers and repeated it as we laughed.

He seemed to like playing with two other boys around his age (23 and 21 months). 2. As stated before, the child’s communication was much more diverse than the 1 year olds. He spoke in small sentences and was able to identify shapes, colors, and familiar objects.

With the above statements, I feel that this child falls within the growth and developmental norms for his age group. 2) The CDC staff encouraged growth in the above areas by allowing the child to make his own choices without reprimanding, but maintained the normal daily routine (example: sit down for lunchtime). They gave the child praise for following rules. Appropriate toys and play ideas were provided for the child. 3) The water table activity enhanced fine motor skills and imagination. A book and song “ circle time” enhanced pre-reading and routine. The children participated in many sing-a-long songs with fine motor skill commands such as “ put your finger on your nose”.

4) I was not present for the separation process between the parent and child (was doing presentation with 4th floor CDC children). However, this child had an extremely hard time falling asleep for nap time. He cried incessantly and was very restless. The CDC employees patted the child’s back rhythmically until he finally fell asleep.

5) Five safety rules were as follows; put away toys (“ clean up time”), sit when eating, “ Nice touches” (No hitting or pinching), shoes are always on, and everyone takes a turn with a toy. 6) I observed a situation where the child pinched another boy around his age. The other boy pinched him back. The caregivers positively reprimanded the child by saying “ nice touches” and distracting both children with a new activity.

The technique did work, but both of the children did it again about an hour later.