CLASSROOM OBSERVATION

Student's Name: _____ Date of Observation: _____

School: _____ Grade: _____ Classroom Teacher's Name: _____

Observer's Name: _____

Observed Subject Area:* _____ Time Started: _____ Time Ended: _____

* NOTE**:** For Specific Learning Disability consideration, please ensure the observations of the student relate to and reflect the deficit areas being considered (i.e., suspect reading problems, observe student during reading task)

Specific Activity:

In your opinion does the curriculum material match the student's ability? (√ Check one.)

☐ Too Easy　　　　　☐ Appropriate　　　　　☐ Too Difficult

Description of student during observation. (Please be concrete and specific) Example: Bonnie was reading a word list out loud and correctly read 9 of 14 words given to her. She had trouble with digraphs, blending and word attack skills. Her reading fluency seemed labored with the passages given to her.

Coordination:

Gross Motor was ☐ good ☐ adequate ☐ poor　　*Fine Motor was* ☐ good ☐ adequate ☐ poor

Communication:

Receptive was ☐ good ☐ adequate ☐ poor　　*Expressive was* ☐ good ☐ adequate ☐ poor

Behavior Snapshot (please √ check applicable descriptions)

Attention to Class Activities:	*Response to Class Routine:*	*Interaction with peers:*
☐ attentive	☐ transitions well	☐ passive
☐ daydream	☐ requires structure	☐ active
☐ distracted	☐ resistant to change	☐ anxious
☐ visual learner	☐ disregards change	☐ confident
☐ auditory learner		☐ aggressive
		☐ rejected

Interaction with Teachers:		*Mood:*	
☐ passive	☐ cooperative	☐ happy	☐ enthusiastic
☐ active	☐ demanding	☐ sad	☐ reserved
☐ anxious	☐ needed help and sought it	☐ angry	☐ preoccupied
☐ confident	☐ did not seek help	☐ sullen	☐ defeated
☐ defiant		☐ pouty	