East Central Special Ed

Classroom Observation

Student Name: 

Date of Birth: Click here to enter a date.

Grade: 

Date: Click here to enter a date.

School:  Teacher: 

Observer: 

(Observation to be done by qualified individual other than classroom teacher)

Directions: Check all items that apply. If not observable, write “N.OB.”

I. PHYSICAL ENVIRONMENT

 A. Type of Classroom B. Person in Charge

 [ ] Self-contained [ ] Regular teacher

 [ ] Open space [ ] Student teacher

 [ ] Team teaching [ ] Substitute teacher

 [ ] Other

 C. Time of Day D. Number of:

 AM Students

 PM Adults

 F. Activity in progress (Seat work, E. Subject/Activity Observed lecture, etc.)

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II. RESPONSES AND ATTITUDE:

 Yes No Comments

 A. Start task when appropriate [ ]  [ ]

 B. Appropriately works on task [ ]  [ ]

 C. Uses materials or equipment appropriately [ ]  [ ]

 D. Completes task [ ]  [ ]

 E. Appropriate behavior after task is completed [ ]  [ ]

 F. Appropriate group interaction [ ]  [ ]

 G. Positive reaction to task or activity [ ]  [ ]

III. COMMENTS: