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: