

Classroom Observation Form

STUDENT NAME	STUDENT ID#	GRADE	DOB	SCHOOL		
Date of Observation: _____ Time of observation: From: _____ to _____ Observer: _____ Teacher: _____ Area of Concern: _____						
CLASS/SUBJECT OBSERVED: (Observation should be in the area of difficulty) <input type="checkbox"/> English/Lang Arts <input type="checkbox"/> Reading <input type="checkbox"/> Social Studies <input type="checkbox"/> Science <input type="checkbox"/> Math <input type="checkbox"/> Special Area(s) <input type="checkbox"/> Other: _____						
PUPIL/TEACHER RATIO AND CLASSROOM ARRANGEMENT DURING OBSERVATION PERIOD: Students: <input type="checkbox"/> <10 <input type="checkbox"/> 10-15 <input type="checkbox"/> 16-20 <input type="checkbox"/> >20 Classroom Arrangement: <input type="checkbox"/> Rows of desks <input type="checkbox"/> Grouped desks <input type="checkbox"/> Tables <input type="checkbox"/> Centers <input type="checkbox"/> Other						
Student's Behavior	Always	Often	Some- times	Rarely/ Never	Not Obs.	Notes
Attentive to instruction/instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Begins tasks promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows oral instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows written instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participates in class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responded appropriately to Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responded appropriately to Praise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seems prepared & organized for activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Works Effectively in:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Age appropriate social interaction w/others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Effectively communicates wants/needs/emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stays on topic/Talks about a variety of interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indep. w/self-help skills (toileting, eating, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demands Teacher Attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Out of seat/area without permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Required firm discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Short attention span/Easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appears to struggle with reading tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appears to struggle with math concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disturbed Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What behavior was observed that relates directly to the student's area of concern? (Must be completed): _____ _____						
Comments: _____ _____						
Signature of Observer			Position (Person other than student's regular classroom teacher)			