

Classroom Observation: _____ **Date of Observation:** / / **Observer:** _____

Student: _____ **Chronological Age:** _____

Grade Level: _____ **Class:** _____ **Teacher/Instructor:** _____

Beginning Time: _____ **Ending Time:** _____

What are the questions or concerns about the student's behavior? _____

Classroom Layout



What activity or class is being observed? _____

What is the pace of the lesson? _____

What is the student's affect during the lesson? _____

What is the teacher/s attitude toward the student? _____

How does the student interact in the classroom? _____

Is the student engaged with the lesson or activity – asking questions, attentive, and/or focused? _____

Does the student understand the objectives of the task/lesson? _____

Does the student understand the directions? _____

Has the student approached the task/lesson systematically? _____

What type of assistance does the student require? _____

Did the student use self-compensatory strategies? _____

Are there accommodations to help the student in class? _____



Concerns	Recommendations

Conclusion: _____

