

ROBERTSON COUNTY SPECIAL SERVICES
Classroom Observation

Student Name _____ Student ID _____
Age _____ Date of Birth _____ Gender _____ Academic Year _____
Current Campus _____ Grade _____ Observer _____
Date _____ Location of Observation _____ Length of Observation _____

Type(s) of Activities Observed (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Individual Seatwork | <input type="checkbox"/> Small Group | <input type="checkbox"/> Large Group |
| <input type="checkbox"/> Direct Teacher | <input type="checkbox"/> One-to-One Instruction | <input type="checkbox"/> Unstructured Activity |

Does the student take medication for behavior?

- No Yes, on medication during observation Yes, not on medication during observation

Does the student have glasses?

- No Yes, worn during observation Yes, not worn during observation

Does the student have hearing aids?

- No Yes, worn during observation Yes, not worn during observation

Motor abilities:

- Average fine motor skills Average gross motor skills Concerns noted: _____

Psychological/emotional behaviors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Displayed normal organized activity patterns | <input type="checkbox"/> Displayed emotions appropriate to situation |
| <input type="checkbox"/> Behaviors appear age appropriate in classroom | <input type="checkbox"/> Behaviors appear age appropriate on playground |
| <input type="checkbox"/> Positive interactions with classmates | <input type="checkbox"/> Relates to adults in the school settings |
| <input type="checkbox"/> Appears to prefer individual activities | <input type="checkbox"/> Engages in attention-seeking behaviors |

Communication (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Displayed average receptive language | <input type="checkbox"/> Displayed average expressive language |
| <input type="checkbox"/> Appears to talk a normal amount | <input type="checkbox"/> Uses appropriate volume |
| <input type="checkbox"/> Speaks very softly | <input type="checkbox"/> Speaks loudly |
| <input type="checkbox"/> Dysfluent speech noted | <input type="checkbox"/> Misarticulations noted |

Academic behaviors (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Good pacing | <input type="checkbox"/> Engages quickly in assigned tasks |
| <input type="checkbox"/> Stays on task for appropriate length of time | <input type="checkbox"/> Completes activities with normal effort |
| <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Task avoidance observed |

Observed behaviors (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Attentive, sustained alertness | <input type="checkbox"/> Inattentive, difficulty maintaining effort | <input type="checkbox"/> Lethargic |
| <input type="checkbox"/> Overly active | <input type="checkbox"/> Appropriate activity level | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Able to wait turn | <input type="checkbox"/> Followed instructions | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Talked back to teacher | <input type="checkbox"/> Argumentative |
| <input type="checkbox"/> Anxiousness | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Engaged socially |
| <input type="checkbox"/> Verbally aggressive | <input type="checkbox"/> Physically aggressive | |

According to the teacher, the student displayed typical behavior. Yes No

Comments about the area of concern with examples:

Signature

Date