

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

- ☐ Self-contained
☐ Open space
☐ Team teaching

B. Person in Charge

- ☐ Regular teacher
☐ Student teacher
☐ Substitute teacher
☐ Other

C. Time of Day

AM
 PM

D. Number of:

Students
 Adults

E. Subject/Activity Observed

F. Activity in progress (Seat work, lecture, etc.)

II. RESPONSES AND ATTITUDE:

	Yes	No	Comments
A. Start task when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	
B. Appropriately works on task	<input type="checkbox"/>	<input type="checkbox"/>	
C. Uses materials or equipment appropriately	<input type="checkbox"/>	<input type="checkbox"/>	
D. Completes task	<input type="checkbox"/>	<input type="checkbox"/>	

E. Appropriate behavior after task is completed ☐ ☐

F. Appropriate group interaction ☐ ☐

G. Positive reaction to task or activity ☐ ☐

III. COMMENTS: