

## Observation Form

Name: \_\_\_\_\_ School: \_\_\_\_\_  
 Student ID: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

The purpose of this evaluation is to provide information regarding this student's classroom performance and behaviors in the area(s) of difficulty. Observe the student and provide the requested information. Attach additional sheet if necessary.

Date of Observation:	Start Time of Observation:	End time of Observation:
Setting of Observation:	# of Students in Setting:	# of Adults in Setting:
Describe the lesson/activities of the class during this observation session (e.g., lecture, discussion, independent seatwork, small group work) and the observed student level of participation and engagement. Include any special supports or conditions during this observation (e.g., student seated away from group, uses interpreter):		
Identify any instructional strategies and/or behavior supports used during the instruction <input type="checkbox"/> wait time <input type="checkbox"/> repetition <input type="checkbox"/> visual supports <input type="checkbox"/> graphic organizers <input type="checkbox"/> rephrasing <input type="checkbox"/> manipulatives <input type="checkbox"/> positive reinforcement <input type="checkbox"/> re-direction <input type="checkbox"/> teacher proximity <input type="checkbox"/> other _____		
Describe the student's reaction to instructional strategy(ies) and/or the behavior supports provided:		
Describe the student's behavior during the observation session and how the behavior compares to that of other students in the class at the same time:		
Describe the student's academic performance during the observation session and how the performance compares to that of other students in the class at the same time:		
Summary of additional comments or concerns:		

\_\_\_\_\_  
 Signature of Person Completing Observation

\_\_\_\_\_  
 Job Title