

# CLASSROOM OBSERVATION REPORT

## JACKSON COUNTY SCHOOL DISTRICT

<b>STUDENT IDENTIFICATION</b>	
<b>NAME:</b>	<b>GRADE:</b>
<b>SCHOOL:</b>	<b>DATE:</b>

<b>OBSERVER IDENTIFICATION</b>	
<b>NAME:</b>	<b>POSITION ON TEAM:</b>
<b>REGULAR EDUCATION TEACHER:</b>	<b>AREA(S) OBSERVED:</b>

<b>SETTING</b>			
A. Subject(s):	B. Class Size:	C. Seating: <input type="checkbox"/> Front <input type="checkbox"/> Back	
D. Grade level instruction presented:	E. Grade level materials presented:		
F. Amount of time for teacher instruction:	G. Amount of time for independent work:		
H. Student evaluation procedures: <input type="checkbox"/> Written test(s) <input type="checkbox"/> Oral test(s) <input type="checkbox"/> Demonstration(s) OTHER (Please specify):			
I. Student support services: <input type="checkbox"/> Tutor <input type="checkbox"/> Peer Tutor <input type="checkbox"/> Parent Helpers Did support people work on one-to-one basis: <input type="checkbox"/> Yes <input type="checkbox"/> No			
J. Student observed in: <input type="checkbox"/> Large group <input type="checkbox"/> Small group			
K. Instructions given: <input type="checkbox"/> Verbally <input type="checkbox"/> Written      Number of times instructions given:			
L. Student observed during: <input type="checkbox"/> Independent written work <input type="checkbox"/> Responding orally <input type="checkbox"/> Listening OTHER (Please specify):			
OTHER COMMENTS:			

<b>STUDENT BEHAVIOR OBSERVED</b>			
A. SOCIAL BEHAVIORS:	TEACHER	PEER	SUPPORT PERSON
Withdrawn			
Aggressive			
Communicates Inappropriately			
Reacts Inappropriately			
B. Student attentive majority of the time in <b>SETTING</b> items J, K, and L <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, describe inattentive behaviors:  Give any comments teacher made to student (i.e. – “pay attention”, “hurry up”, etc.			
C. Student completed assigned work: <input type="checkbox"/> YES <input type="checkbox"/> NO Give any comments teacher made to student (i.e. – “pay attention”, “hurry up”, etc.			
D. Student received help in completing work: <input type="checkbox"/> YES <input type="checkbox"/> NO Person who helped student: Did student ask for this help? <input type="checkbox"/> YES <input type="checkbox"/> NO			

E. Student began work without unnecessary delay: \_\_\_\_ YES \_\_\_\_ NO

If NO, describe delaying behaviors:

F. Student asked for clarification of direction(s) before beginning work: \_\_\_\_ YES \_\_\_\_ NO

### **SKILLS OBSERVED**

A. State the task(s) the child is required to perform:

B. List the skills that the child needs to perform the task(s) observed

C. Indicate the child's skill level by marking "X"

D. Give specific behaviors of the child as needed to clarify and/or support observation

Adequate

Inadequate

E. Summarize observations and explain the relationship of observed behavior to academic functioning.

