

Classroom Teacher Observation

Student _____ Teacher/Observer _____

Class/Subject _____ Hours with student per week _____

Current Progress: Satisfactory Not Satisfactory

1. Indicate the typical method(s) of instruction used in the student's area(s) of academic difficulty:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Lecture/Demonstration | <input type="checkbox"/> Independent Study | <input type="checkbox"/> Discovery | <input type="checkbox"/> Discussion |
| <input type="checkbox"/> Competency Worksheets | <input type="checkbox"/> Group Investigation | <input type="checkbox"/> Role Playing | <input type="checkbox"/> Simulation |
| <input type="checkbox"/> Laboratory Training | <input type="checkbox"/> Learning Centers | <input type="checkbox"/> Drill and Practice | <input type="checkbox"/> Peer Tutoring |
| <input type="checkbox"/> Other: _____ | | | |

2. Yes No Are you aware of any factors that may impact this student's learning or behavior?
If yes, please specify: _____

3. Yes No Are there concerns regarding this student?
If yes, please specify: _____

4. What influences this student's grades? (Check all that apply)

<input type="checkbox"/> homework performance	<input type="checkbox"/> poor test performance	<input type="checkbox"/> absenteeism/tardiness
<input type="checkbox"/> misuse of class time	<input type="checkbox"/> peer interaction	<input type="checkbox"/> disrespectful
<input type="checkbox"/> lack of class participation	<input type="checkbox"/> other (specify) _____	

5. I use or have used the following modifications with this student:

Classroom Testing Accommodations/Modifications	Assignment Accommodations/Modifications	Classroom Accommodations/Modifications
Put letters corresponding to subject area next to modifications used.		
<input type="checkbox"/> Extended Time <input type="checkbox"/> Oral Testing (Read Aloud Test Items) <input type="checkbox"/> Repeating Directions Verbatim <input type="checkbox"/> Use of Calculator <input type="checkbox"/> Modify grading scale <input type="checkbox"/> Additional Time <input type="checkbox"/> Modify Format (multiple choice, short answer) <input type="checkbox"/> Abbreviated Concepts Other _____	<input type="checkbox"/> Assignment Notebook <input type="checkbox"/> Abbreviated Assignments <input type="checkbox"/> Additional Time <input type="checkbox"/> Study Guide <input type="checkbox"/> Extra Grade Opportunities (extra credit, redo missed items) <input type="checkbox"/> Compacting Other _____ _____ _____	<input type="checkbox"/> Preferential Seating <input type="checkbox"/> Provide Copies of Material to be Copied from Book to Board <input type="checkbox"/> Provide Copies of Notes (from another student) <input type="checkbox"/> Peer Tutoring <input type="checkbox"/> Behavior/Performance Contracting <input type="checkbox"/> Highlighted Textbook <input type="checkbox"/> Taped Materials <input type="checkbox"/> Other _____ _____ _____

Areas: A—Reading B—History C—Chapter I D—Music/Art E—Physical Education F—Social Studies
 G—Math H—Library I—Lunch J—Spelling K—Health L—English M—Science N—All Subjects
 O—Other: _____

6. Describe this student's general classroom behavior and work habits.

Strengths: _____

Weaknesses: _____

Classroom Teacher's Signature _____ Date ____/____/____

Attach any additional informational you feel could be helpful in meeting this student's educational needs.