

Classroom Observation

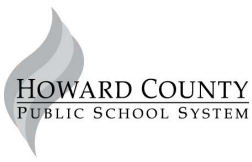
Department of Special Education and Student Services
HOWARD COUNTY PUBLIC SCHOOL SYSTEM
Ellicott City, MD 21042

Student Name: _____ Date: ___/___/___ Time: _____
Observer: _____ Grade: _____
Subject Area/Class Observed: _____ Teacher: _____

This observation should focus on problems identified in the referral.

1. Description of setting and task: Pupil/Teacher Ratio: ___ / ___
(Describe the classroom setting which you are observing. Include the room arrangement, the specific activities in which the student is engaged, and materials being used.)

2. Description of student's performance:
(Note the student's behavior and specific performance on the activities. Avoid judgments, evaluations, and interpretations about why the student is performing in a given manner. Record the behaviors observed. When the student's dialogue is important, record what is said rather than a summary statement.)



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3. Rate the student with a check in the most appropriate box for each of the areas listed:

	Behavior Not Observed	Significant Problem	Some Problem	No Problem	Strength	Comments
Listening Comprehension						
Oral Expression						
Basic Reading Skills						
Reading Comprehension						
Reading Fluency						
Written Expression						
Math Calculation (<u>Operation(s)</u>)						
Math Reasoning						
Discrimination (visual/auditory)						
Memory (visual/auditory)						
Visual Motor Coordination						
Attention						
Organization						
Activity Level						
Social Interaction						
Work Habits						
Task Completion						
Motivation						
Speech						

4. Comment on any other relevant behaviors observed:



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5. Does the classroom teacher feel that the behavior observed is representative of the usual behavior for this student in this class? Yes No

_____/_____
Signature Date