

## CLASSROOM OBSERVATION FORM

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Class/Teacher: \_\_\_\_\_

Using the following checklist, please rate the student's behaviors in the following areas based on what is observed. Include additional information when appropriate.

<b>Punctuality</b> – Student was on time for class, ready for instruction when teacher began lesson.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
<b>Preparation</b> – Student had materials necessary to participate in lesson and classroom activities, i.e. pen/pencil, planner, notebook, textbook, calculator, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
<b>Attention/Focus</b> – Student maintained appropriate focus, was capable of remaining on-task for instruction.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
<b>Behavior</b> – Student behaved in a respectful manner toward teacher(s) and peers.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
<b>Classroom Participation</b> – Student was engaged in lesson as noted by asking and/or answering questions, completing class activities, working in groups, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
<b>Transitions</b> – Student demonstrated ability to transition from one activity to another without losing focus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
<b>Capability</b> – Student demonstrated necessary skills to be able to meet with success in classroom – read text, follow lesson, complete written work,	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
<b>Self-Advocacy</b> – Student demonstrated the ability to seek supports as needed for completing class work, projects, assessments.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

Observation Completed by: \_\_\_\_\_

Length of Observation: \_\_\_\_\_  
Starting Time
Ending Time