CLASSROOM OBSERVATION FORM -- <u>ELEMENTARY</u>

NAME OF STUDEN	T:	DATE:
GRADE:	TEACHER:	
MOTOR Handedness (left, right	it, undecided, etc.)	
Paper/pencil position	(paper not slanted properly,	pencil not held correctly, etc.)
Fine motor ability (dif	ficulty writing, coloring, cu	tting, copying, etc.)
etc.)		loesn't participate in playground games
Other		
etc.)		questions, answers with "yes", or "no",
(Property of the control of the con		
Other		
PERCEPTION lactile/kinesthetic (expouzzles, etc.)	periences difficulty writing	on board, has trouble completing
Auditory (needs oral d	rections repeated, inattentive	ve during story time etc.)
		nt details in pictures, etc.)

BEHAN Ability	to attend (daydreams, short attention span, etc.)
Fatigue	factor (tires in early afternoon, requires more time to complete tasks, etc.)
Organiz	ational ability (worksheets are confused, writing doesn't follow lines, etc.)
Frustrati	ion factor (gives up easily, won't try difficult tasks, etc.)
Signs of	tenseness (holds pencil very tightly, frowns with concentration, etc.)
Distracti	bility - hearing (attends to sounds in hall, others talking nearby, etc.)
	bility - seeing (attends to students walking by, colorful pictures on wall, etc., of task)
Function	ing - in a group (works best with others, hides in group, etc.)
	ing - one-to-one (performs better with individual attention, hates to be singled
Socializa	tion level (introvert, extrovert, leads others, etc.)
Other: _	
	ts:

CLASSROOM OBSERVATION FORM - SECONDARY

NAME OF STUDENT:	DATE:
SCHOOL:	GRADE:
TEACHER:	
OBSERVER:	
GENERAL CLASSROOM BEHAVIOR	
INTERACTIONS WITH TEACHERS	
TEMACTIONS WITH TEACHERS	
INTERACTIONS WITH STUDENTS	
VERBAL SKILLS	
STUDY HABITS	