

Taylor County School District
Classroom Observational Form

Student: _____ Student ID: _____ Grade: _____ DOB: _____ School: _____

Date of Observation: _____

Time of Observation: From _____ to _____

Observer: _____

Teacher: _____

Suspected Disability: _____

Subject Observed: _____

Pupil/Teacher Ratio During Observation:

Students: < 10 10-15 16-20 >20

Classroom Management: Rows of Desks Grouped Desks Tables Centers Other

CLASSROOM INTERACTION WITH TEACHER:	Yes	No	N/A	Frequency and/or Comments
Demands teacher attention				
Attentive to instruction/instructor				
Excessive concern with achievement				
Participates in class discussion				
Responds appropriately to praise				
Responds appropriately to correction				
Required firm discipline				
Out of seat without permission				
WORK BEHAVIOR:				
Begins tasks promptly				
Short attention span				
Easily distracted				
Seems prepared and organized				
Follows verbal instruction				
Follows written instruction				
Works effectively in small group				
Works effectively in large group				
Works effectively alone				
Appears to struggle with reading tasks				
Appears to struggle with math concepts				
Appears to work to ability level				
CLASSROOM INTERACTION WITH PEERS:				
Interacts with peers appropriately				
Disturbed others frequently				
Disturbed others occasionally				
Did not disturb other students				

What behavior was observed that relates directly to the area of concern? _____

Comments: _____

 Signature of Observer

 Position (cannot be regular classroom teacher)