



DAVIESS - MARTIN
DMSEC
SPECIAL EDUCATION COOPERATIVE

(812) 254-1530
www.dmsec.org
P.O. Box 637, 201 E. Main St., 5th Floor
Washington, IN 47501

CLASSROOM OBSERVATION

Name: _____ Date: _____

Teacher: _____ School: _____ Grade: _____

Time: _____ Total Observation Time: _____ Observer: _____

Instruction: Please observe and comment on this child's classroom behavior. If you have no opportunity to observe behavior in an area, mark the question "N/O." Feel free to comment on other behaviors you feel are significant. Please use a new Classroom Observation form for each separate observation period.
Format:

- | | |
|--|--|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Small Group |
| <input type="checkbox"/> Class discussion/questions answer | <input type="checkbox"/> Large Group |
| <input type="checkbox"/> Seat Work | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Individual Tutoring | <input type="checkbox"/> Subject being taught. |
| <input type="checkbox"/> Other | |

Comments: _____

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Attention to Task:

- Does not appear to attend to lesson/task.
 Attends at times, but variable.
 Attention average for age and grade.
 Excellent cooperation and attention.

Comments: _____



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Length of Attention Span:

- Very short, very easily distracted.
- Short attention span-attempts lesson or task.
- Occasionally distracted from task.
- Attention span is at least average for age and grade.

Comments: _____

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Directions:

- Unable to follow directions.
- Needs individual help to follow directions.
- Occasionally needs to have directions repeated.
- Understands and follows directions well for age and grade.

Comments: _____

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Behavior:

- Highly disruptive
- Disturbs other students.
- Off task interacts with other students inappropriately.
- Appears average for age and grade.
- Withdrawn does not seem to interact with classmates.

Comments: _____



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Please comment on the following questions. Mark "N/O" if there is no opportunity to observe.

1. Does the student ask for help when needed? _____
2. Does the student participate in class activities? (Volunteers information, answers questions, etc.) _____
3. Does the student come to class prepared? _____
4. How does the student react to corrections or to difficult tasks?

5. Does this student's behavior appear to vary with the length of difficulty of the task? _____

Additional Comments:

Signed: _____ Date: _____

Position: _____

** This is to be completed by the Principal or authorized personnel other than the Special Education teacher. **