



Classroom Observation Form

This form must be completed by the student's present class teacher/Home Room Teacher.

Dear Teacher:

When students are referred to us for evaluation it helps to know as much as possible about them. Please answer the following questions to the best of your knowledge; most of them can be answered very briefly but any further information you can give us about this student will be appreciated. You may use the back of this form for additional comments. Please send it to the Special Education Unit as early as possible so that a date for an assessment can be scheduled.

Student Name: _____ Date of Birth: _____
 School: _____
 Teacher: _____ Class: _____
 Person completing form: _____ Date: _____

REASON FOR REFERRAL: _____

How does the student compare to other students in their class?

Is higher in _____ (what subject(s)?) and/or is lower in _____ (what subject(s)?)

Is approximately the same in _____ (what subject(s)?)

Data is not available _____ (what subject(s)?)

Average Grade to Date: _____ (across all subjects)

Turns in homework assignments: (circle) Yes No Occasionally

POSSIBLE CONTRIBUTING FACTORS TO BEHAVIOR / PERFORMANCE IN SCHOOL

- | | |
|--|--|
| _____ Latch-key child (child left unsupervised by parent or other adult) | _____ Single parent household |
| _____ Involved with other community agencies | _____ Lives with someone other than parent |
| _____ Previously retained | _____ Child discusses concern regarding drug and alcohol use in the home |
| _____ Death in immediate family | _____ Suspected child abuse or neglect |
| _____ Divorce or separation | _____ Known medical problems |
| _____ Unemployment of adults at home | _____ Takes medication |
| _____ Currently involved with counseling | _____ Previously involved in counseling |

If you checked any item in this area, please explain further: _____



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Phone: 223-1150, Fax: 223-6497, E-mail: spedunit@btl.net



CLASSROOM PERFORMANCE (Mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Works on assignments during class | <input type="checkbox"/> Makes inappropriate comments |
| <input type="checkbox"/> Works well independently | <input type="checkbox"/> Attempts to sleep in class |
| <input type="checkbox"/> Comes to class prepared | <input type="checkbox"/> Responds adversely to praise or recognition |
| <input type="checkbox"/> Performs below ability level | <input type="checkbox"/> Lacks motivation |
| <input type="checkbox"/> Is reluctant to attempt new assignments or tasks | <input type="checkbox"/> Has poor writing skills |
| <input type="checkbox"/> Requires repeated drill and practice | <input type="checkbox"/> Has poor reading skills |
| <input type="checkbox"/> Distracts other students | |

BEHAVIORAL OBSERVATION (Mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Few or no friends | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Acting out behavior |
| <input type="checkbox"/> Overly active | <input type="checkbox"/> Overtly aggressive |
| <input type="checkbox"/> Immature | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Lacks self confidence | <input type="checkbox"/> Unable to get along with others |
| <input type="checkbox"/> Short attention span | |
| <input type="checkbox"/> Depressed | |

Give examples in areas checked:

PHYSICAL DIFFICULTY (Mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Gross motor coordination poor | <input type="checkbox"/> Possible hearing loss |
| <input type="checkbox"/> Fine motor coordination poor | <input type="checkbox"/> Possible vision loss |
| <input type="checkbox"/> Poor handwriting | |

SPEECH / LANGUAGE DIFFICULTY (Mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Stutters | <input type="checkbox"/> Omits sounds |
| <input type="checkbox"/> Poor grammar | <input type="checkbox"/> Substitutes sounds |
| <input type="checkbox"/> Harsh voice quality | <input type="checkbox"/> Poor sentence structure |
| <input type="checkbox"/> Immature speech | <input type="checkbox"/> Limited oral expression |
| <input type="checkbox"/> Distorts sounds | <input type="checkbox"/> Extremely poor spelling |



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PERCEPTUAL OR INFORMATION PROCESSING PROBLEMS (Mark all that apply)

- _____ Unable to see relationship of parts to the whole
- _____ Does not always interpret correctly what is heard
- _____ Unable to differentiate between similar sounds
- _____ Unable to verbally reproduce what is heard
- _____ Has difficulty retaining a visual image
- _____ Cannot separate figure verbal directions
- _____ Unable to judge size
- _____ Unable to identify sounds
- _____ Unable to distinguish shapes
- _____ Has poor spatial orientation
- _____ Cannot remember specific sounds
- _____ Cannot hear or remember sequence
- _____ Confuses directions (left/right)

Pre Referral Strategies (what has the school done before making this referral)

COMMUNICATION OF EXPECTATIONS (Provide information as applicable)

Have concerns been discussed with the student? Yes No

- | | |
|--|-------------|
| _____ Cumulative file reviewed | Date: _____ |
| _____ Pupil guidance letter sent | Date: _____ |
| _____ Phone call home on | Date: _____ |
| _____ Parent conference | Date: _____ |
| _____ Contact with Guidance Counselor | Date: _____ |
| _____ Consultation with other teachers | Date: _____ |
| _____ Other _____ | |

MODIFICATION OF EXPECTATIONS

- _____ A lesser amount of work accepted
- _____ A lesser quality of work accepted
- _____ Allowed to redo an assignments(s) given
- _____ Increased amount of time for a test
- _____ Oral test given instead of a written test
- _____ Short answer/multiple choice instead of essay test
- _____ Allowed to tape homework assignment
- _____ Positively reinforced the student for staying on task in the classroom
- _____ Other strategies/interventions used by teachers



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OTHER TEACHER INTERVENTIONS:

- _____ Checked the student's notes
- _____ Paired the student with another for notes
- _____ Changed seat in the classroom to front of the room
- _____ Gave the student extra help/tutoring
- _____ Other (Please Specify) _____
- _____
- _____

TEACHER'S/PRINCIPAL'S COMMENTS:

If possible, please provide examples of student work that demonstrates areas of concern.

Name of person completing form (please print)

Signature of person completing form

Date