

## CLASSROOM OBSERVATION For Assistive Technology

Non-referring teacher should complete this form during an observation period of at least 30 minutes.

Student \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Name of Observer \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Subject Area \_\_\_\_\_ Teacher \_\_\_\_\_

**I. Classroom Setting – large/small group, instructional method used**

\_\_\_\_\_

Number of students in classroom \_\_\_\_\_

**II. Describe the student's actual behavior as compared to classmates. Include specific behaviors and avoid judgments.**

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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check level as compared to age-mates (peers)

Below Average	Average	Above Average	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attention/Concentration (attends, persists)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Organization (completes and returns work)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Skills (adapts to change, has friends, accepts correction)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-Control (need for structure and supervision)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cognitive Processing (retains, recalls, and applies new info.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communication (receives and expresses information, feelings)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-help (dressing, hygiene, lunchroom habits)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Motor Skills (coordination, fine motor, mobility, strength)

Describe Concerns

\_\_\_\_\_  
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