

Classroom Teacher Observation

Sevier County Schools/Department of Special Education

Student _____ Teacher/Observer _____

Class/Subject _____ Hours with student per week _____

Current Progress: _____ Satisfactory _____ Not Satisfactory

1. Indicate the typical method(s) of instruction used in the student's area(s) of academic difficulty:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Lecture/Demonstration | <input type="checkbox"/> Independent Study | <input type="checkbox"/> Discovery | <input type="checkbox"/> Discussion |
| <input type="checkbox"/> Competency Worksheets | <input type="checkbox"/> Group Investigation | <input type="checkbox"/> Role Playing | <input type="checkbox"/> Simulation |
| <input type="checkbox"/> Laboratory Training | <input type="checkbox"/> Learning Centers | <input type="checkbox"/> Drill and Practice | <input type="checkbox"/> Peer Tutoring |
| <input type="checkbox"/> Other: _____ | | | |

2. Are you aware of any factors that may impact this student's learning or behavior? Yes No

If yes, please specify: _____

3. Do you have any concerns regarding this student? Yes No

If yes, please specify: _____

4. What influences this student's grades? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> homework performance | <input type="checkbox"/> test performance | <input type="checkbox"/> attendance/tardiness |
| <input type="checkbox"/> use of class time | <input type="checkbox"/> peer interaction | <input type="checkbox"/> other (specify): _____ |
| <input type="checkbox"/> class participation | <input type="checkbox"/> respect for others | _____ |

5. I have used the following modifications with this student:

Classroom Testing Accommodations/Modifications	Assignment Accommodations/Modifications	Classroom Accommodations/Modifications
<i>Put letters corresponding to subject area next to modifications used.</i>		
<input type="checkbox"/> Extended Time <input type="checkbox"/> Oral Testing (Read Aloud Test Items) <input type="checkbox"/> Repeating Directions Verbatim <input type="checkbox"/> Use of Calculator <input type="checkbox"/> Modify grading scale <input type="checkbox"/> Additional Time <input type="checkbox"/> Modify Format (multiple choice, short answer) <input type="checkbox"/> Abbreviated Concepts <input type="checkbox"/> Other: _____	<input type="checkbox"/> Assignment Notebook <input type="checkbox"/> Abbreviated Assignments <input type="checkbox"/> Additional Time <input type="checkbox"/> Study Guide <input type="checkbox"/> Extra Grade Opportunities (extra credit, re-do missed items) <input type="checkbox"/> Compacting/Acceleration <input type="checkbox"/> Enrichment projects Describe: _____ Other: _____	<input type="checkbox"/> Preferential Seating <input type="checkbox"/> Provide Copies of Material to be Copied from Book to Board <input type="checkbox"/> Provide Copies of Notes (from another student) <input type="checkbox"/> Peer Tutoring <input type="checkbox"/> Behavior/Performance Contracting <input type="checkbox"/> Highlighted Textbook <input type="checkbox"/> Taped Materials <input type="checkbox"/> Other: _____

Areas: A—Reading B—History C—Chapter I D—Music/Art E—Physical Education F—Social Studies G—Math H—Library I—Lunch J—Spelling K—Health L—English M—Science N—All Subjects O—Other: _____

6. Describe this student's general classroom behavior and work habits.

Strengths: _____

Weaknesses: _____

Teacher's Signature _____ **Date** _____

ATTACH ANY ADDITIONAL INFORMATION YOU FEEL MIGHT HELP MEET THIS STUDENT'S EDUCATIONAL NEEDS