

Special Education Teacher Observation
Sevier County Schools/Department of Special Education

Student _____ Date _____

Teacher/Observer _____ Class/Subject _____

Special Education Services _____ Special Education Hours with student per week _____

1. Please describe any types of special education interventions being provided for this student at this time:

2. Does this student appear to continue to have the identified disability? _____ Yes _____ No

3. Does this student continue to need special education and/or related services? _____ Yes _____ No

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

- Strengths _____

- Weaknesses _____

5. Is the current program appropriate for this student? _____ Yes _____ No

- If not, what information is needed to improve program planning for this student? _____

6. Please indicate any other concerns regarding this student: _____

Special Education Teacher's Signature _____ Date _____

**ATTACH ANY ADDITIONAL INFORMATION YOU FEEL MIGHT BE HELPFUL IN MEETING
THIS STUDENT'S EDUCATIONAL NEEDS**