Clear Form

Office of Student and Community Services
Department of Special Education
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

CLASSROOM OBSERVATION

INSTRUCTIONS: This observation should focus on problems identified in the referral.

PART I: Information

Student's Name _____ Student ID No. _____
Last *First* *MI*

Form Completed By _____ _____ _____/_____/_____
Name *Title/Position* *Date*

Subject Area/Class Observed _____

Teacher _____ Teacher/Pupil Ratio _____/_____/_____

Observation: Start Time _____:_____ End Time _____:_____ Total Time _____ minutes

PART II: Setting

Describe _____

PART III: Observation

Describe the task _____

Describe the student's performance _____

PART IV: Rate the student with a check in the most appropriate box for each of the areas listed below.

	Behavior Not Observed	Significant Problem	Some Problem	No Problem	Strength	Comments
Listening comprehension	☐	☐	☐	☐	☐	
Oral expression	☐	☐	☐	☐	☐	
Basic reading skills	☐	☐	☐	☐	☐	
Reading comprehension	☐	☐	☐	☐	☐	
Written expression	☐	☐	☐	☐	☐	
Math calculation (_____ operation)	☐	☐	☐	☐	☐	
Math reasoning	☐	☐	☐	☐	☐	
Discrimination (visual/auditory)	☐	☐	☐	☐	☐	
Memory (visual/auditory)	☐	☐	☐	☐	☐	
Visual motor coordination	☐	☐	☐	☐	☐	
Attention	☐	☐	☐	☐	☐	
Organization	☐	☐	☐	☐	☐	
Activity level	☐	☐	☐	☐	☐	
Social Interaction	☐	☐	☐	☐	☐	
Work habits	☐	☐	☐	☐	☐	
Task completion	☐	☐	☐	☐	☐	
Motivation	☐	☐	☐	☐	☐	
Speech	☐	☐	☐	☐	☐	

Comment on any other relevant behaviors observed. _____

Does the classroom teacher feel that the behavior observed is representative of the usual behavior for this student in this class? ☐ Yes ☐ No