Ministry of Education

National Resource Centre for Inclusive Education
Phone: 223-1150, Fax: 223-6497, E-mail: spedunit@btl.net

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)
______Involved with other community agencies
______Previously retained
______Death in immediate family
______Divorce or separation
______Unemployment of adults at home
______Currently involved with counseling
______Single parent household
______Lives with someone other than parent
______Child discusses concern regarding drug and alcohol use in the home
______Suspected child abuse or neglect
______Known medical problems
______Takes medication
______Previously involved in counseling

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

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CLASSROOM PERFORMANCE (Mark all that apply)

______Works on assignments during class
______Works well independently
______Comes to class prepared
______Performs below ability level
______Is reluctant to attempt new assignments or tasks
______Requires repeated drill and practice
______Distracts other students
______Makes inappropriate comments
______Attempts to sleep in class
______Responds adversely to praise or recognition
______Lacks motivation
______Has poor writing skills
______Has poor reading skills

BEHAVIORAL OBSERVATION (Mark all that apply)

______Few or no friends
______Easily distracted
______Overly active
______Immature
______Lacks self confidence
______Short attention span
______Depressed
______Shy
______Acting out behavior
______Overtly aggressive
______Withdrawn
______Unable to get along with others

Give examples in areas checked:

____
____
____
____
____

PHYSICAL DIFFICULTY (Mark all that apply)

______Gross motor coordination poor
______Fine motor coordination poor
______Poor handwriting
______Possible hearing loss
______Possible vision loss

SPEECH / LANGUAGE DIFFICULTY (Mark all that apply)

______Stutters
______Poor grammar
______Harsh voice quality
______Immature speech
______Distorts sounds
______Omits sounds
______Substitutes sounds
______Poor sentence structure
______Limited oral expression
______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

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:
____
____
____
____
____
____

<u>If possible, please provide examples of student work that demonstrates areas of concern.</u>

____
Name of person completing form (please print)

________________________________ ________________________
Signature of person completing form **Date**