

2016-2017
CLASSROOM OBSERVATION

Classroom:	
Teacher:	Class size: (est.):
Observer:	Date:

Degree to which teacher is employing effective facilitation (circle number):

1. Low/None (Teacher does not actively facilitate activities and lessons to encourage students' interest and expanded involvement.)
2. Medium (At times the teacher actively facilitates activities and lessons to encourage students' interest and expanded involvement – but at other times she merely provides activities for the students.)
3. High (Teacher actively facilitates students engagement in activities and lessons to encourage participation and expanded involvement.)

CLASS Area of focus: _____
Brief Description of Classroom Activities and Interactions: _____ _____ _____ _____ _____
Transition Activities and/or Instructional Materials In Use: _____ _____ _____ _____
Classroom Strengths: _____ _____ _____ _____
Teacher/Classroom Concerns Addressed: _____ _____ _____

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Disabilities/Mental Health: (Please list names)

Referral for Education: _____ Social/Emotional Referrals: _____

IEP or Behavior Plans: _____ Other: _____

Goals:

Maintenance/Supplies:

<input type="checkbox"/> Following Schedule	<input type="checkbox"/> Child File Audit	<input type="checkbox"/> Portfolios	<input type="checkbox"/> Ongoing Observations
<input type="checkbox"/> Keeping Kids Safe	<input type="checkbox"/> Sign in/Sign out Verified	<input type="checkbox"/> Fire/Tornado/Bus Drills	<input type="checkbox"/> I'm Safe
<input type="checkbox"/> PC/ Parent Meeting	<input type="checkbox"/> Inside/Outside Rules	<input type="checkbox"/> Center Signs	<input type="checkbox"/> Picture Schedule
<input type="checkbox"/> Current Lesson Plan Posted		<input type="checkbox"/> Evidence of Intentional Activities	
<input type="checkbox"/> Meaningful Objectives		<input type="checkbox"/> Evidence of Language Development	

Observer: _____ Date: _____

Center Staff: _____ Date: _____

Center Staff: _____ Date: _____

Notes:
