



**HIGHLAND RIM HEAD START
CLASSROOM OBSERVATION**

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

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

1. **Low/None:** Teacher does not actively facilitate activities and lessons to encourage students' interests and expanded involvement.
2. **Medium:** At times, the teacher actively facilitates activities and lessons to encourage students' interests and expanded involvement, but at other times he/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 REFERRAL:** _____

IEP OR BEHAVIOR PLANS: _____ **OTHER:** _____

GOALS:

MAINTENANCE/SUPPLIES:

<input type="checkbox"/> Following Schedule	<input type="checkbox"/> Helper Chart	<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		
<input type="checkbox"/> Outdoor Centers Evident			

Observer: _____ **Date:** _____

Center Staff: _____ **Date:** _____

Center Staff: _____ **Date:** _____

NOTES: