

STUDENT OBSERVATION FORM

RALEIGH COUNTY SCHOOLS

STUDENT: _____ SCHOOL: _____ Grade: _____
 DATE: _____ TIME: _____ LENGTH OF OBSERVATION: _____
 CLASS/ACTIVITY: _____
 REASON FOR OBSERVATION: _____

A. DESCRIBE ENVIRONMENT OF THE CLASSROOM (e.g., seating arrangement, location of student's desk in classroom, type of classroom – open, regular, portable building, computer lab, library, etc.)

<table border="0"> <tr><td style="text-align: center;">YES</td><td style="text-align: center;">NO</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr><td style="text-align: center;">YES</td><td style="text-align: center;">NO</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>QUIET</p> <p>ORDERLY</p> <p>APPROPRIATE SIZE FOR__ STUDENTS</p> <p>ROOM DISPLAYS STUDENT WORK</p> <p>FREQUENT DISTRACTIONS (INTERCOM, HALL, NOISE, ETC.)</p> <p>OTHER _____</p>
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B. ANECDOTAL NOTES ON BEHAVIOR

C. IDENTIFY STUDENT'S RELEVANT BEHAVIOR

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D. MODIFICATIONS NOTED IN THE CLASSROOM AND OUTCOMES: + FOR SUCCESS, -- NOT SUCCESSFUL, 0 NO EFFECT

___ 1 Leave class for resource assistance ___ 2 Oral tests ___ 3 Short answer tests ___ 4 Modified tests ___ 5 Taped texts ___ 6 Highlighted texts ___ 7 Taping lectures ___ 8 Note-taking assistance ___ 9 Extended time for assignments ___ 1 0 Shortened assignments	___ 11 Assignment notebook ___ 12 Study sheet ___ 13 Repeated review/drill ___ 14 Reduce pencil/paper tasks ___ 15 Calculators ___ 16 Preferential seating ___ 17 Sign language interpreter ___ 18 Frequent breaks ___ 19 Defined limits ___ 20 Cooling off period	___ 21 Concrete reinforcers ___ 22 Positive reinforcers ___ 23 Behavior check card ___ 24 Special equipment ___ 25 Peer tutoring ___ 26 Behavior plan ___ 27 Other pull-out program ___ 28 Other _____ _____
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*OBSERVATION **MUST** BE CONDUCTED BY AN EVALUATION COMMITTEE MEMBER OTHER THAN THE STUDENT'S REGULAR CLASSROOM TEACHER.

SIGNATURE/TITLE _____ DATE _____