

CLASSROOM OBSERVATION



Eastern Illinois
Area of Special
Education
Phone: 217/348-7700
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Date Form Completed: _____

Observer: _____

Title: _____

CLASSROOM OBSERVATION (Required if LD is suspected. Must be completed by team member other than child's classroom teacher.)

I. PHYSICAL CHARACTERISTICS

- A. Posture _____
- B. Behavior indicating hearing problems _____
- C. Behavior indicating vision problems _____
- D. Handedness _____
- E. Speech _____
- F. Short Height Average Height Tall Height G. Under Weight Average Weight Over Weight
- H. Any other unusual characteristics _____

II. AFFECT CHARACTERISTICS

- A. Normal _____
- B. Withdrawn _____
- C. Hypermanic _____
- D. Angry _____
- E. Optimistic _____
- F. Pessimistic _____

III. INTERACTION CHARACTERISTICS

- A. Cooperative _____
- B. Competitive _____
- C. Non-sharing _____
- D. Apprehensive _____
- E. Aggressive _____
- F. Aloof _____
- G. Seeks attention of peers _____
- H. Seeks attention of teacher _____
- I. Seeks reassurance from teacher _____
- J. Plays independently _____
- K. Initiates play with others _____

IV. STUDY CHARACTERISTICS

- A. Attends well _____
- B. Easily distracted _____
- C. Daydreams _____
- D. Seems puzzled _____
- E. Volunteers answers _____
- F. Responds when called on _____
- G. Works toward goals when working with a group _____
- H. Lacks confidence _____