LEARNING ENVIRONMENT ASSESSMENT

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

STUDENT NAME		BIRTHDATE	SEX	AGE
RESIDENT DISTRICT	**ATTENDANCE DISTRICT**	**BUILDING NAME**		**GRADE**

OBSERVATION SETTING _____ OBSERVER/TITLE _____

LEARNING ENVIRONMENT ASSESSMENT (Required for all case studies)

I. PHYSICAL CHARACTERISTICS OF CLASSROOM

A. Number of students in the classroom: _____
B. Are the students crowded: _____
C. Notable noises and distractions: _____
D. How is the classroom organized? _____
  1. Traditional rows _____
  2. Learning Centers _____
  3. Small Groups _____
  4. Other _____
E. Where is observed student seated? _____
  1. Does this seem to contribute to his/her learning or behavior problems?

_____

F. Rate the following: 5 (excellent) -- 4-3 (satisfactory) -- 2-1 (poor)
  1. Lighting _____
  2. Ventilation _____
  3. Temperature _____

NARRATIVE: