Office of Special Education and Student Services Department of Special Education Services MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

CLASSROOM OBSERVATION

INSTRUCTIONS: This observation s	hould focus on prob	olems identified in	the referral.	
PART I: Information				
Student's Name				
Last	First		MI	
Form Completed By			-	
Name			Title/Position	Date
Subject Area/Class Observed				
Teacher			Teacher/Pupil Ratio	
Observation: Start Time E	nd Time:_	Total Time	minutes	
PART II: Setting				
.,				
Describe				
200020				
PART III: Observation				
Describe the task				
Describe the student's performance				

PART IV: Rate the student with a check	in the most	appropriate	e box for	each of	the areas li	sted below.
	Behavior Not Observed	Significant Problem	Some Problem	No Problem	Strength	Comments
Listening comprehension						
Oral expression						
Basic reading skills						
Reading comprehension						
Written expression						
Math calculation ()						
Math reasoning						
Discrimination (visual/auditory)						
Memory (visual/auditory)						
Visual motor coordination						
Attention						
Organization						
Activity level						
Social Interaction						
Work habits						
Task completion						
Motivation						
Speech						
Comment on any other relevant behaviors observe						
Does the classroom teacher feel that the behavior o	bserved is rep	resentative of t	the usual be	havior for th	nis student in t	this class? ☐ Yes ☐ No