FLAGLER COUNTY SCHOOL DISTRICT
CLASSROOM OBSERVATION FORM

STUDENT NAME	STUDENT ID#	GRADE	DOB	SCHOOL

Date of Observation: _____ Time of observation: From: _____ to _____
Observer: _____ Teacher: _____
Suspected Disability: _____

CLASS/SUBJECT OBSERVED: (Observation should be in the area of difficulty).
□ English/Lang Arts □ Reading □ Social Studies □ Science
□ Math □ Special Area(s) □ Other: _____

PUPIL/TEACHER RATIO DURING OBSERVATION PERIOD:
Students: ☐ <10 ☐ 10-15 ☐ 16-20 ☐ >20
Classroom Arrangement: ☐ Rows of desks ☐ Grouped desks ☐ Tables
☐ Centers ☐ Others

Classroom Interaction with Teacher:	Yes	No	Not Obs.	Frequency and/or Comments
Demands teacher attention				
Attentive to instruction/instructor				
Excessive concern with achievement				
Participates in class discussion				
Responded appropriately to …Praise				
... Correction				
Required firm discipline				
Out of seat without permission				
Work Behavior:				
Begins tasks promptly				
Short attention span				
Easily distracted				
Seems prepared & organized for activity				
Follows oral instruction				
Follows written instruction				
Works effectively in …Small group				
...Large group				
...Alone				
Appears to struggle with reading tasks				
Appears to struggle with math concepts				
Appears to work to limit of ability				
Classroom Interaction with Peers:				
Interacts with peers appropriately				
Disturbed Others …Frequently				
…Occasionally				
…Not at any time				

What behavior was observed that relates directly to the student's suspected disability? (Must be completed): _____

Comments: _____

Signature of Observer Position (Person other than student's regular classroom teacher)