



Classroom Observations

Staff Name _____ Site _____

Date ____ / ____ / ____ Time: ____ : ____ to ____ : ____ Total Time: ____ hr(s) ____ min(s)

Classroom Teacher _____ Grade Level _____

Staff Position (check the one that applies) PL AC RS TV AV

Focus of Classroom Observation

Check (✓) all that was observed during this classroom observation

Classroom Management	<input type="checkbox"/> Teacher stands during Instruction Time <input type="checkbox"/> Teacher Uses Attention Getters to get students attention <input type="checkbox"/> Teacher has Behavior System in place <input type="checkbox"/> Teacher keeps students focused/ If so, how _____ <input type="checkbox"/> Teacher directs students to begin working <input type="checkbox"/> Teacher verifies that students understands directions <input type="checkbox"/> Classroom Procedures Used: To use Restroom/ Get Drink of Water, To Obtain Supplies needed. etc./if so, how _____
Behavior Guidance	<input type="checkbox"/> Behavior System is Oral <input type="checkbox"/> Behavior System is Posted <input type="checkbox"/> Behavior System appears understood by students <input type="checkbox"/> Behavior Expectations reinforced/If so, how _____
Academic Support	<input type="checkbox"/> Teacher reinforces the skills taught/ If so, how _____ <input type="checkbox"/> Manipulatives/ Resources used/ If so, what _____
Math Curriculum	Name of Curriculum used: _____ Grade Level Skills taught _____ Grade Level Skills class worked on today _____
Reading/Writing Curriculum (Language Arts)	Name of Curriculum used : _____ Grade Level Skills taught _____ Grade Level Skills class worked on _____
Transition Times	<input type="checkbox"/> Class transition are orderly/If so how _____ <input type="checkbox"/> Class transitions are lead by teacher _____ Class transitions lead by students _____
Attention Getters	<input type="checkbox"/> Teacher used attention getters to get students attention <input type="checkbox"/> Verbal Attention Getters used/ If so, what _____ <input type="checkbox"/> Non-Verbal Attention Getters used/ If so, what _____
Other (Note any other focus observed during this Classroom Observation)	_____ _____ _____

Take Away Tips I will implement:

Action Plan

Indicate a plan of action that you will use to implement the Take Away Tips you will apply.

Task Take Away Tips you will apply	Implementation Date of Task	Support Needed to implement Task	Support to be provided by (SD/AC/Other)	Check In Date for SD/AC to observe implementation

Staff Signature _____

Date ____ / ____ / ____

Site Director/AC Coach Signature _____

Date ____ / ____ / ____

A copy of this observation must be submitted to Training Coordinator to receive credit-Can be submitted with Weekly Payroll Pickup.

White copy- Training Coordinator Pink Copy-Staff Member Yellow Copy-Regional Director