



Diocese of Columbus

Form 13: Student Observation Form

Date: _____ Student: _____ Grade: _____
School: _____
Teacher: _____
Name of referring Teacher or Parent/Guardian: _____
Name & Title of Observer: _____

Circumstance of Observation: (subject, teacher, time of day, reason for observation, etc.)

A. Compare this student's performance with that of the majority of other students in the class.

(Circle the best option. Write 'NA' if information is not available.)

- | | | | |
|--|---------------|-----------------|----------------|
| 1. <i>How the student works:</i> | more slowly | more quickly | about the same |
| 2. <i>Focus & attention span:</i> | better | poorer | about average |
| 3. <i>Activity level of the student:</i> | more active | less active | about the same |
| 4. <i>Language skill:</i> | better | poorer | about the same |
| 5. <i>Demonstration of interest:</i> | disinterested | very interested | about average |
| 6. <i>Subject matter difficulty/frustration:</i> | high | low | about average |
| 7. <i>Emotional/social maturity:</i> | less than | greater than | about average |



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Form 13: Student Observation Form (Cont'd)

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School: _____

Teacher: _____

Name of referring Teacher or Parent/Guardian: _____

Name & Title of Observer: _____

For 8-14, Please rate the following:

	Above Average	Average	Below Average	<i>Estimated Grade Level</i>
8. <i>Listening Comprehension</i>	_____	_____	_____	_____
9. <i>Oral Expression</i>	_____	_____	_____	_____
10. <i>Basic Reading Skills</i>	_____	_____	_____	_____
11. <i>Reading Comprehension</i>	_____	_____	_____	_____
12. <i>Written Expression</i>	_____	_____	_____	_____
13. <i>Math Calculation</i>	_____	_____	_____	_____
14. <i>Math Reasoning</i>	_____	_____	_____	_____

B. Teacher Behavior Observed: (Circle all that apply)

<i>Teaching Methods Observed:</i>	visual	auditory	large group	small group
	one-on-one	peer	other (specify) _____	
<i>Conceptual Content:</i>	concrete	abstract	both	
<i>Behavior Reinforcement:</i>	positive	negative	ignored isolation	
			other (specify) _____	



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C. Teacher's Style: (Circle all that apply)

- | | | | | |
|--|--------------|----------------|---------|------------|
| 1. <i>How much movement is tolerated?:</i> | a great deal | some | minimal | none |
| 2. <i>How much talking/noise is tolerated?:</i> | a great deal | some | minimal | none |
| 3. <i>What type(s) of feedback were given?:</i> | praise | criticism | reward | punishment |
| 4. <i>What tone/manner was used to communicate?:</i> | supportive | matter-of-fact | harsh | |

5. ***During this observation, how did the teacher spend most of his or her time?***
(e.g. at the board, with a small group, at the teacher's desk, circulating among students at work, etc.)

6. ***What, if anything, about the teacher or classroom seemed to have a positive or negative effect on the students in general, or on this student in particular?***

- D. ***Other Comments:*** (Include here any information not mentioned above. Give a general descriptive statement about the student's behavior during the observation. This could be interactions with other students, unusual posture or speaking patterns, repetitive behaviors, etc.)