Republic of Palau Ministry of Education
Special Education Office
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Hospital #: A –

Teacher Input/CLASSROOM OBSERVATION FORM – SE 6E

Date: _____

Name of Child: _____ DOB: _____ Grade: _____

School: _____ Teacher: _____

I. Attendance: ____/____ **# of days present / # of total days in school**

_____ **# of days absent due to illnesses**

II. Tardiness: ____/____ **# of days tardy / # of total days in school**

III. Work Habits:

☐ Comes to class with materials, books, and supplies daily
☐ Starts task immediately after given instructions (within 10 sec.)
☐ Stays in seat (for a majority of the class time)
☐ Works independently without prompts (for a majority of the class time)
☐ Able to copy notes from board
☐ Participates in classroom discussion (for a majority of the time)
☐ Turns in work on time

IV. Social / Behavioral:

Student gets along with peers	☐ YES	☐ NO
Student communicates with peers	☐ YES	☐ NO
Student communicates with adults	☐ YES	☐ NO

# of discipline referrals: _____

# of suspensions: _____ Total # of days suspended: _____

V. Academic Performance:

Student can read grade-level text ☐ YES ☐ NO

Student completes _____ (%) of in-class assignments
Student completes _____ (%) of homework assignments
Student achieves at least _____ (%) accuracy on in-class assignments
Student achieves at least _____ (%) accuracy on homework

Observation Notes (Use back side if necessary)

Subject of Class: _____ **Start/End time of observation:** _____

Activity during observation: ☐ Lecture ☐ Independent seat work ☐ Class discussion ☐ Other: _____

Relevant behavior, if any, noted during the observation of the child and the relationship of that behavior to the child's academic functioning:

Comments (add on additional sheets if necessary):

Original: ☑School Copy: ☑SPED Office Copy: ☑Parent