

Student Observation

Student: _____ School: _____

Date: _____ Observer(s): _____

Time Begin: _____ Time End: _____

Student is in (Check all that apply): Regular Ed. Resource Life Skills MI

Reason for observation:

Visual Functioning Behavior Use of Technology
 Classroom Modifications Teacher/Parent request
 Evaluation (Specify: _____) Other (Specify: _____)

Technology student used during observation:

Arrangement, location, storage of technology

Lesson Observed:

Classroom Environment:

Number of students in room: _____ Number of adults: _____

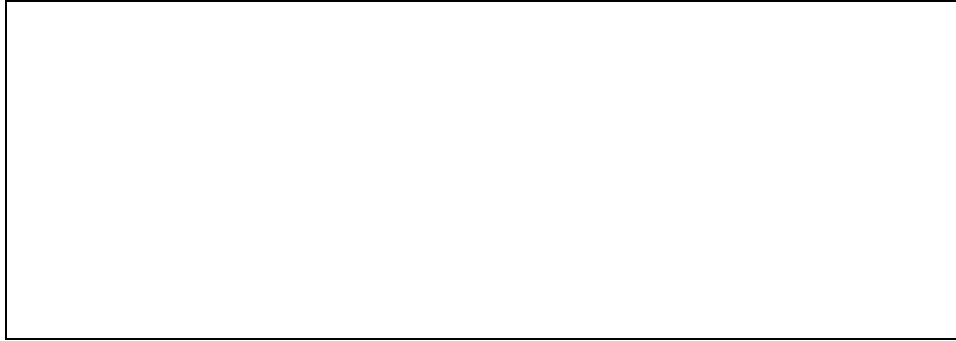
Lighting in room: Natural Fluorescent Incandescent

Whiteboards Chalkboards Individual desks Tables

Describe student placement in room (i.e. back row of desks, facing windows, near exit door):

Sketch of the classroom, including windows, doors, etc:





Classroom Activities:

1. Is the Classroom environment organized into specific areas for different activities? _____
Accessible to student? _____ N/A _____ Examples:

2. Are there modifications in the environment for your student's visual needs? (e.g. lighting, highlighting, tactual markers, organization of the room, etc.)? _____ N/A _____ Does student have access to all parts of the classroom? _____ N/A _____ Does the student take advantage of the modifications made for him/her? _____ Examples:

3. Are materials modified for student's needs? Is additional materials or technology needed to support instruction?

4. Is there a schedule with planned activities for the day/class? _____ N/A _____
How is the schedule communicated to your student?

5. Does the schedule reflect activities that support your student's IEP goals and objectives (if known)?

6. Are activities meaningful for your student?

7. How are upcoming transitions communicated to your student? _____ N/A _____
Examples observed:

8. How is your student communicating? (Include sign, gestures, body language, eye gaze, etc)

Is it appropriate for his/her sensory abilities?

Is your student initiating responses?

9. Student participates in class discussion? ____ Comments: _____

10. Student attends to lesson during class? ____ Comments: _____

11. Student is able to find their materials, equipment, etc. during class in a timely manner? ____

Comments:

12. Describe interactions with teacher/students:

13. Behaviors observed:

14. Are paraprofessionals and related service professionals trained in the modifications and strategies needed by your student due to his/her sensory abilities? ____ Yes ____ No ____ N/A

15. Are paraprofessionals involved in direct instruction given sufficient supervision and support to appropriately interact and instruct? ____ Yes ____ No ____ N/A

16. What more could **YOU** do, as a VI professional, to further this student's education?

Follow up:

Conference needed with ___ Teacher ___ Student ___ O&M ___ Speech Pathologist ___
Counselor
___ Technology Specialist ___ Parent ___ Other _____

Additional training needed: (specify)

Additional training needed for ___ Teacher ___ Student ___ O&M ___ Speech Pathologist
___ Counselor ___ Technology Specialist ___ Parent ___ Other _____

Additional Observations:

Adapted from: Cyral Miller & Elizabeth Eagan, 2005