



**Special Services Cooperative
of Jefferson County**

ECSE Classroom Observation Form

Student: _____ DOB: _____ School: _____ Grade: _____

Teacher: _____ Observer: _____ Observation Date: _____

Activity in Progress: _____ From: _____ To: _____

School Related Behaviors	Yes	No	Not Observed	Description/Comments
Communicates verbally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Articulation adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Makes choices when directed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Expresses self well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Answers orally presented questions appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follows oral directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participates in group activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiates own activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Imitates adult behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Makes transitions easily between activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Average activity level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sits appropriately in circle/table activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responds appropriately to authority figures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Requires intensive one on one instruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attention span adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gets along well with classmates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Engages in cooperative play.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Engages in imaginative play.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Selects age-appropriate play.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plays appropriately with toys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall behavior appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate self-help skills (ie, feeding, toileting, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate fine motor skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate gross motor skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please list at least (5) strengths and weaknesses for the student to assist us in our diagnostic summary.

Strengths	Weaknesses
Additional Comments	