



# Dona Ana County Head Start

## Classroom Observation

Child's Name: \_\_\_\_\_

Center: \_\_\_\_\_

Observed by: \_\_\_\_\_

Date: \_\_\_\_\_

- Class Setting:**
- |  |  |
|--|--|
| <input type="checkbox"/> Circle Time               | <input type="checkbox"/> Teacher Directed Center |
| <input type="checkbox"/> Family Style Dining/Snack | <input type="checkbox"/> Outside Play            |
| <input type="checkbox"/> Free Choice Center        | <input type="checkbox"/> Other _____             |

**Performance**

**Work Speed**

- Above Average
- Class Average
- Below Average

**Activity Level**

- Above Average
- Class Average
- Below Average

**Listening**

- Above Average
- Class Average
- Below Average

**Organization**

- Above Average
- Class Average
- Below Average

**Written Language**

- Above Average
- Class Average
- Below Average

**Motivation**

- Above Average
- Class Average
- Below Average

**Behavior**

**Verbalizing**

- Often
- Some
- Never/Seldom

**Noise Making**

- Often
- Some
- Never/Seldom

**Visually Distracting**

- Often
- Some
- Never/Seldom

**Off Task**

- Often
- Some
- Never/Seldom

**Interrupts Neighbor**

- Often
- Some
- Never/Seldom

**Mobility Around Classroom**

- Often
- Some
- Never/Seldom

Comments:



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## OBSERVATION FEEDBACK

Name of Child \_\_\_\_\_ Center \_\_\_\_\_

Date Observed: \_\_\_\_\_ Setting: \_\_\_\_\_

Task Observed: \_\_\_\_\_

Results:      Child with Concern                      Random Sample

On Task      \_\_\_\_\_                      \_\_\_\_\_

Off Task      \_\_\_\_\_                      \_\_\_\_\_

Student Actions:    (Include Teacher Reaction to Student Behavior)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Next Steps/ Recommendations or Suggestions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Observed by: \_\_\_\_\_