

ALBEMARLE COUNTY PUBLIC SCHOOLS  
 DEPARTMENT OF SPECIAL SERVICES  
 401 McINTIRE ROAD  
 CHARLOTTESVILLE, VIRGINIA 22902  
 (434) 296-5885

**STUDENT OBSERVATION**

Student: \_\_\_\_\_ Observer: \_\_\_\_\_

Observation Site: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Observation \_\_\_\_\_ to \_\_\_\_\_

Teacher of Class Observed: \_\_\_\_\_

***PLEASE NOTE:***  
***If the student is suspected of a learning disability, this observation must be completed in the subject area(s) of concern.***

Description of Activities Observed:  
 \_\_\_\_\_  
 \_\_\_\_\_

Description of Classroom Adaptations Made to Accommodate This Student:  
 \_\_\_\_\_

**Assessment of Student Performance:** (Place "X" in appropriate boxes):

	Good	Fair	Poor	Not Observed
Enters class on time				
Behavior is suitable for peer level				
Interacts positively with peers				
Interacts positively with teachers				
Is attentive				
Follows oral directions				
Follows written directions				
Begins work promptly				
Completes work on time				
Contributes meaningfully to class discussions				
Completes written assignments satisfactorily				

Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_

Is Additional Observation Recommended? \_\_\_\_\_

(The teacher whose classroom is to be observed should be notified at least one day in advance of the observation.)