

# School Age Classroom Observation Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Observation: \_\_\_\_\_ Timeframe of Observation: \_\_\_\_\_ School: \_\_\_\_\_

Type of Hearing Loss: \_\_\_\_\_ Type of Amplification: \_\_\_\_\_

Reason for Observation: \_\_\_\_\_

Observer (Name, Role, Credentials): \_\_\_\_\_

Student/Teacher Ratio (please note teacher assistants): \_\_\_\_\_

Classroom Arrangement:  Rows of Desks  Grouped Desks  Tables  Centers  Other: \_\_\_\_\_

**Student's Orientation within the Classroom (description and diagram):**

Physical Aspects	
Walls	<input type="checkbox"/> plaster <input type="checkbox"/> wood <input type="checkbox"/> brick <input type="checkbox"/> cinder block <input type="checkbox"/> other: _____
Ceiling	<input type="checkbox"/> acoustical tile <input type="checkbox"/> plaster <input type="checkbox"/> wood <input type="checkbox"/> other: _____
Flooring	<input type="checkbox"/> carpet <input type="checkbox"/> wood <input type="checkbox"/> tile <input type="checkbox"/> other: _____
Windows	<input type="checkbox"/> complete wall <input type="checkbox"/> individual <input type="checkbox"/> number of windows _____
Window Covering	<input type="checkbox"/> drapes (none, scanty, full) <input type="checkbox"/> blinds (none, venetian, shades)
Smart or Whiteboard	<input type="checkbox"/> on one side of the room <input type="checkbox"/> on two sides of the room <input type="checkbox"/> on 3 sides of the room
Lighting	<input type="checkbox"/> satisfactory <input type="checkbox"/> unsatisfactory
Room Size	<input type="checkbox"/> large <input type="checkbox"/> medium <input type="checkbox"/> small
Type of Seating	<input type="checkbox"/> desks <input type="checkbox"/> tables & chairs <input type="checkbox"/> other: _____
Environmental Aspects	
Room location	<input type="checkbox"/> quiet location <input type="checkbox"/> in proximity to noise source _____
External Noise Sources	<input type="checkbox"/> traffic <input type="checkbox"/> adjacent room <input type="checkbox"/> corridor <input type="checkbox"/> other: _____
# of Students in classroom:	_____ # of special education students in class _____
Internal noise level	<input type="checkbox"/> low <input type="checkbox"/> moderate <input type="checkbox"/> high
Constant noise sources	<input type="checkbox"/> students <input type="checkbox"/> HVAC <input type="checkbox"/> chairs <input type="checkbox"/> pipes
	<input type="checkbox"/> By-product of media <input type="checkbox"/> other: _____
Noise treatment	<input type="checkbox"/> rug/carpeting <input type="checkbox"/> drapes <input type="checkbox"/> acoustic tile <input type="checkbox"/> other: _____

**Additional comments about interfering noise sources:**

<b>Amplification</b>				
Student	<input type="checkbox"/> Hearing aid (R/L)	<input type="checkbox"/> Cochlear implant (R/L)	<input type="checkbox"/> Soundfield System	<input type="checkbox"/> Personal FM/DM <input type="checkbox"/> none
Consistency of use	<input type="checkbox"/> always	<input type="checkbox"/> occasionally	<input type="checkbox"/> Seldom	<input type="checkbox"/> NA
Teacher	<input type="checkbox"/> Personal FM/DM	<input type="checkbox"/> Soundfield system	<input type="checkbox"/> none	
Consistency of use	<input type="checkbox"/> always	<input type="checkbox"/> occasionally	<input type="checkbox"/> Seldom	<input type="checkbox"/> NA
FM/DM brand	Amplification brand/model/color			
FM/DM microphone clip location:	FM/DM mic passed to students?			

**Comments about amplification:**

<b>Technology</b>				
1:1 Connectivity	<input type="checkbox"/> iPad	<input type="checkbox"/> Chromebook	<input type="checkbox"/> Apple TV	<input type="checkbox"/> Computer <input type="checkbox"/> Other: _____
Closed Captioning	<input type="checkbox"/> Always	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom	<input type="checkbox"/> None

**Comments about technology:**

<b>Presentation</b>			
Type of instruction	<input type="checkbox"/> Individual work	<input type="checkbox"/> whole class	<input type="checkbox"/> Small group
Teacher's voice	<input type="checkbox"/> louder than room noise	<input type="checkbox"/> equal to noise	<input type="checkbox"/> softer than noise
Teacher's speech	<input type="checkbox"/> well-articulated	<input type="checkbox"/> under/over articulated	<input type="checkbox"/> accent present
Speech rate	<input type="checkbox"/> too fast	<input type="checkbox"/> appropriate	<input type="checkbox"/> too slow
Language level*	<input type="checkbox"/> complex	<input type="checkbox"/> appropriate	<input type="checkbox"/> too simple
Mobility	<input type="checkbox"/> faces students	<input type="checkbox"/> moves around room	<input type="checkbox"/> faces board

\*when compared to the student's language level

<b>Teaching Strategies &amp; Style Observed</b>	
<input type="checkbox"/> repeats responses of other students	<input type="checkbox"/> redundant teaching style
<input type="checkbox"/> uses repetition	<input type="checkbox"/> multi-sensory teaching approach
<input type="checkbox"/> uses paraphrasing	<input type="checkbox"/> some lecture
<input type="checkbox"/> identifies speakers in discussions	<input type="checkbox"/> mostly lecture
<input type="checkbox"/> checks for understanding of verbal directions	<input type="checkbox"/> hands on opportunities
<input type="checkbox"/> provides visual and written information	<input type="checkbox"/> little hands on opportunities
<input type="checkbox"/> stands close to student to aid in audition	<input type="checkbox"/> allows other students to use FM system
<input type="checkbox"/> moves position to be eye to eye	<input type="checkbox"/> center based themes for younger
<input type="checkbox"/> gains attention before speaking	<input type="checkbox"/> use of pictures to aid concept development

**Comments on teaching strategies:**

<b>Student Characteristics</b>			
Participation:	<input type="checkbox"/> volunteers information	<input type="checkbox"/> answers direct questions	<input type="checkbox"/> rarely participates
Attention to speaker:	<input type="checkbox"/> always	<input type="checkbox"/> usually	<input type="checkbox"/> rarely
Speech:	<input type="checkbox"/> intelligible	<input type="checkbox"/> audible	<input type="checkbox"/> other: _____
Behavior:	<input type="checkbox"/> appropriate	<input type="checkbox"/> withdrawn	<input type="checkbox"/> very physical
Check all that apply:			
<input type="checkbox"/> wears amplification consistently	<input type="checkbox"/> does not wear amplification consistently		
<input type="checkbox"/> demonstrates comprehension of verbal directions	<input type="checkbox"/> requests clarification/repetition of direction		
<input type="checkbox"/> uses vision to supplement auditory cues	<input type="checkbox"/> uses visual cues inappropriately		
<input type="checkbox"/> turns around to follow comments from classmates	<input type="checkbox"/> completes assignments independently		
<input type="checkbox"/> follows directions: 1 <sup>st</sup> time 2 <sup>nd</sup> time	<input type="checkbox"/> interacts with peers		
<input type="checkbox"/> seated near speaker away from noise source	<input type="checkbox"/> other: _____		

**Comments:**

<b>Visual Language User Observations</b>	
<input type="checkbox"/> has interpreter	<input type="checkbox"/> interpreter standing near teacher
<input type="checkbox"/> student watches interpreter	<input type="checkbox"/> interpreter interprets students' comments
<input type="checkbox"/> peers available who sign; DHH student peer interaction	<input type="checkbox"/> student can sign directly with teacher
<input type="checkbox"/> interpreter interprets all of teacher instruction	<input type="checkbox"/> interpreter assists student with classwork
<input type="checkbox"/> duration student attends to interpreter _____	<input type="checkbox"/> frequency of attending to interpreter _____
<input type="checkbox"/> uses ASL <input type="checkbox"/> uses SEE	<input type="checkbox"/> uses cued speech <input type="checkbox"/> uses PSE
<input type="checkbox"/> student directs needs with interpreter	<input type="checkbox"/> deaf role models accessible
<input type="checkbox"/> famous deaf people included in displays	<input type="checkbox"/> other: _____

**Language Samples (denote language/mode of utterance):**

**Classroom Activities/Student Participation during Observation:**

**Descriptive/Narrative of Observation:**

**Staff Concerns (including impression of the student's hearing levels and communication skills on their classroom performance, both academically and social-emotionally):**

**Additional Comments:**

**Were the observed behaviors typical for this student?**

YES

NO