

Special Education Teacher Observation

Student _____ Teacher/Observer _____ Date ____/____/____

Special Education Services _____ Special Education Hours per week _____

1. Please describe current special education interventions provided for this student: _____

2. Yes No Does this student appear to continue to have the identified disability?

3. Yes No Does this student continue to need special education and/or related services?

4. Describe this student's general classroom behavior and work habits:

Strengths: _____

Weaknesses: _____

5. Yes No Does this student's current educational program meet his/her needs?
If no, what information would be helpful for improving his/her program planning? _____

6. Please indicate any other concerns regarding this student: _____

Special Education Teacher's Signature _____ Date ____/____/____

Attach any additional informational you feel could be helpful in meeting this student's educational needs.