



# Northwest Regional Program

5825 NE Ray Circle  
Hillsboro, OR 97124  
503-614-1404

## Deaf/Hard of Hearing Classroom Observation

Student: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date: \_\_\_\_\_  
 School: \_\_\_\_\_ Observer: \_\_\_\_\_ Time: \_\_\_\_\_  
 Number of students in Class: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Activity observed: \_\_\_\_\_

- Whole group       Small group       Partners       Individual

What instructional adaptations, if any, have been made to accommodate this student?

Are there any suggestions to be made? Describe.

Does the student receive any pull-out or in-class services? If so, describe.

Student performance during the observation period or according to teacher observation (rate each item).

	Strong	Average	Could improve	Unknown or n/a
Is prepared with class material				
Behavior suitable for age				
Interacts positively with peers				
Interacts positively with adults				
Appears rested, alert, attentive				
Follows oral instructions				
Follows written instructions				
Begins work promptly				
Completes work on time				
Contributes to class discussion				

**SHORT QUESTIONS**

<b>SHORT QUESTIONS</b>		<b>Comments</b>
Does student have hearing aids?		
If so, is he/she wearing them?		
Is the loss unilateral or bilateral?		
Which ear is the better ear?		
Does the student use FM equipment?		
Is the teacher's vocal volume adequate?		
Does the teacher usually face the students when speaking?		
Does the teacher check for understanding often?		
Does student's behavior seem appropriate?		
Is the classroom noisy?		

**ADDITIONAL COMMENTS**

If this is an initial evaluation, can service be recommended at this time?

If yes, recommended service levels?

Direct service: \_\_\_\_\_ Times per \_\_\_\_\_ for \_\_\_\_\_ minutes

Consult service: \_\_\_\_\_ Times per \_\_\_\_\_ for \_\_\_\_\_ minutes