



Northwest Regional Program

5825 NE Ray Circle
Hillsboro, OR 97124
503-614-1449

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

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

ADDITIONAL COMMENTS

If this is an initial evaluation, can service be recommended at this time? Yes ____ No ____

If yes, recommended service levels?

Direct service: _____ Times per Week / Month for _____ minutes

Consult service: _____ Times per Week / Month For _____ minutes