



Classroom Observation Sheet

Date: _____

Teacher: _____

Activity / Focus: _____

Check observed behaviors and jot anecdotal notes in each student's box. Use star ★ for strengths and arrow → for next steps.

1. Student Name: _____	2. Student Name: _____	3. Student Name: _____	4. Student Name: _____	5. Student Name: _____
<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support	<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support	<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support	<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support	<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support
Notes: 	Notes: 	Notes: 	Notes: 	Notes:

6. Student Name: _____	7. Student Name: _____	8. Student Name: _____	9. Student Name: _____	10. Student Name: _____
<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support	<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support	<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support	<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support	<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support
Notes: 	Notes: 	Notes: 	Notes: 	Notes:

11. Student Name: _____	12. Student Name: _____	13. Student Name: _____	14. Student Name: _____	15. Student Name: _____
<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support	<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support	<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support	<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support	<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support
Notes: 	Notes: 	Notes: 	Notes: 	Notes:

16. Student Name: _____	17. Student Name: _____	18. Student Name: _____	19. Student Name: _____	20. Student Name: _____
<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support	<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support	<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support	<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support	<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support

Notes:	Notes:	Notes:	Notes:	Notes:
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21. Student Name: _____	22. Student Name: _____	23. Student Name: _____	24. Student Name: _____	25. Student Name: _____
<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support	<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support	<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support	<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support	<input type="checkbox"/> Engaged <input type="checkbox"/> Participating <input type="checkbox"/> Needs Support
Notes:	Notes:	Notes:	Notes:	Notes: