

BREVARD PUBLIC SCHOOLS, FLORIDA

Individual Problem Solving Team (IPST)

Classroom Observation

IPST FORM 3

Student's teacher as observer

Student Name:		Student #:		Date:
Subject/Course:	Setting:	Duration:	Grade:	School:

COMPARISON OF PERFORMANCE:

Compare this student's performance with that of the majority of other students in the classroom – Check for each category

	Less	Same as	More
Focus and attention span			
Activity level			
Demonstration of interest/engagement			
Difficulty/frustration with content			
Emotional/social maturity			
Other: (specify)			

STYLE OF LEARNING

Which style of learning seems to benefit the student? (Check all that apply)

Visual
 Auditory
 Kinesthetic
 Other: _____

IN THIS CLASSROOM:

How much movement/activity is allowed?

How much talking/noise is tolerated?

STUDENT BEHAVIOR:

This student: (Answer every question)	Always	Sometimes	Never	Not observed
Performs with the group				
Voluntarily participates in activities				
Follows written instructions				
Follows oral instructions				
Attends class regularly				
Arrives to school/class on time				
Interacts with peers appropriately				
Appears prepared and organized				
Starts task in timely manner				
Completes assignments				
Responds appropriately to correction				
Shows independence				
Completes homework				

Potential Reinforcers: (i.e., verbal praise, tangibles, computer time, etc.)

Based on student observations, check area(s) of concern:

Behavior
 Academic skills
 Attendance
 Developmental
 Motor skills
 Other (describe): _____

STUDENT STRENGTHS/COMMENTS: (What strengths observed in this student could be used in designing interventions?) Attach additional documentation if needed.

Teacher Signature:

Printed Name:

Date: