

Teacher Observation Record

Student:

Time:

Date:

Day:

Teacher:

Class/Year:

Behaviour Change Noticed:

Environment

Lighting:

- Medium sunlight
- Bright sunlight
- Fluorescent
- Down lights
- No artificial lights
- Other _____

Seating position in class:

- Front
- Middle
- Back
- Near window
- Not near window
- On Floor
- Other _____

Other Information:

Activity

Before Noticed Behaviour:

After Noticed Behaviour:

Other Information:

Has this happened before: Yes/No

If yes, has it been (circle one) once, 2-5 times, 6+ times ?

Other comments/possible contributing factors:

Recommend 4 copies: teacher, student records, parent, doctor