

Georgia School for Innovation and the Classics

Classroom Observation Form

Student's Name: _____ Date of Birth: _____ Age: _____

School: GSIC Grade: _____ Teacher of Record: _____

Subject: _____ Activity: _____

Observer: _____ Title: _____ Date: _____ Time: _____

Classroom Observation:

- A. How did the student behave during your observation?
- B. Discuss how the student is achieving academically (as compared to peers)
- C. Is the student coping with demands of the classroom? Please explain your answer.
- D. Please describe the activity that you observed (group work, seat work, review, test, etc.)
- E. How long was your observation?
- F. Additional comments

Observer's Signature: _____