CLASSROOM OBERVATION FORM

STUDENT: _____
DATE: _____
SEATING: _____
ACOUSTICS: _____
SUBJECT / SEATING: _____
_____

CLASS PARTICIPATION		EYE CONTACT	
Opportunities	Actual # Hand Raises	Opportunities	# of Looks in Direction

EYE CONTACT (w/classroom teacher)			
DIRECT	INDIRECT	APP	NOT APP.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

EYE CONTACT INTERVAL: _____ SEC PER INTERVAL
_____ SEC PER TALLY

LOOK TO NEIGHBOR FOR INFO

COMMENTS:_____
_____
_____
_____
_____