SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE #618

PUPIL OBSERVATION REPORT- ECD

STUDENT:_____ **DATE OF BIRTH:**_____ **DATE:**_____

ECD TEACHER:_____ **SCHOOL:** _____

As part of the above student's evaluation it is requested that you complete an observation of that student. Also, complete any other type of evaluation that you feel is necessary for you to be part of the multidisciplinary team.

CLASSROOM OBSERVATION

Time of Observation:_____ to _____ Number of Students in Class:_____

Activity or instruction method (e.g. small groups, independent seat work, interview with parent): _____

_____

Observation (consider amount of time on task, if disruptive, if working independently, task completion, behavior):_____

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Summary and conclusions for the team to consider: _____

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ECD Teacher Date

ESC-256E (2/04)