

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:	Grade:	School:

COMPARISON OF PERFORMANCE:

Compare this student's performance with that of the majority of other students in the classroom – Check the "BOX" 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 by checking the box)	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: (What strengths observed in this student could be used in designing interventions?)

Teacher Signature _____

Printed Name _____ Date _____