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| **DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA****DESERT/MOUNTAIN CHARTER SPECIAL EDUCATION LOCAL PLAN AREA**17800 HIGHWAY 18 • APPLE VALLEY, CA 92307(760) 552-6700 • (760) 242-5363 FAX**Observational Evaluation for SCIA** |
| **STUDENT INFORMATION** |
| Student Name: |       | Date of Birth: |       | Age: |       |
| Disability: |       | Grade: |       | Gender: | [ ]  Male  | [ ]  Female |
| School Site: |       | Program/Placement: |       |
| General Education Teacher: |       | Contact Phone: |       |
| Special Education Teacher: |       | Contact Phone: |       |
| SCIA Case Manager/Coordinator: |       | Contact Phone: |       |
|  |
| **Observation Setting:** |       | **Observed By: (Name/Title)** |       |
| 1. **Classroom: Please review the visual and the physical structure of the classroom, curriculum design, data collection, and planning.**
 |
| 1. Is the individual student/classroom schedule visually posted? [ ]  Yes [ ]  No
 |
|  |  |
| 1. Is the transition between activities quick and smooth? [ ]  Yes [ ]  No *(Explain)*
 |
|  |
| 1. Is the room organized with work areas defined and materials readily available for instruction? [ ]  Yes [ ]  No *(Describe)*
 |
|  |
| 1. Do students follow the established classroom procedures and routines? [ ]  Yes [ ]  No *(Describe)*
 |
|  |
| 1. Indicate the level of prompt needed for the student to follow the schedule:

|  |  |  |
| --- | --- | --- |
| [ ]  Independent | [ ]  Physical Prompt | [ ]  Indirect Verbal or Gesture Prompt |
| [ ]  Direct Verbal Prompt | [ ]  Other: |       |
|  |  |  |
| *Describe:*       |

 |
|  |
| 1. Indicate the student’s use of the schedule:

|  |  |  |
| --- | --- | --- |
| [ ]  Student Carries Schedule | [ ]  Schedule Not Used At All | [ ]  Teacher Carries and Shows the Schedule |
| [ ]  Student Goes to Schedule Board | [ ]  Student Goes to Schedule Board | [ ]  Other: |       |
|  |  |  |  |
| *Describe:*       |

 |
|  |
| *Comments:*       |
| 1. **Curriculum and Instructional Planning:** **Check the curricular domains included in the student’s program.**
 |
| 1. Is the transition between activities quick and smooth: [ ]  Yes [ ]  No *(Explain)*
 |
|  |
| 1. Is the room organized with work areas defined and materials readily available for instruction? [ ]  Yes [ ]  No *(Describe)*
 |
|  |
| 1. Do students follow the established classroom procedures and routines? [ ]  Yes [ ]  No *(Describe)*
 |
|  |
| 1. Indicate level of prompt needed for the student to follow the schedule:

|  |  |  |
| --- | --- | --- |
| [ ]  Independent | [ ]  Physical Prompt | [ ]  Indirect Verbal or Gesture Prompt |
| [ ]  Direct Verbal Prompt | [ ]  Other: |       |
|  |  |  |
| *Describe:*       |

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|  |
| 1. Student’s use of the schedule:

|  |  |  |
| --- | --- | --- |
| [ ]  Student Carries Schedule | [ ]  Schedule Not Used At All | [ ]  Teacher Carries and Shows the Schedule |
| [ ]  Student Goes to Schedule Board | [ ]  Student Goes to Schedule Board | [ ]  Other: |       |
|  |  |  |  |
| *Describe:*       |

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|  |
| *Comments:*       |
| 1. **Current Data Systems and Collection of Data**
 |
| 1. Has data been collected on student performance? [ ]  Yes [ ]  No
 |
| 1. How often is data collected?
 | [ ]  Daily | [ ]  Weekly | [ ]  Bi-weekly | [ ]  Monthly |  |
| 1. How is data summarized?
 | [ ]  Graphed | [ ]  Written Narrative | [ ]  Other: |       |
|  |  |  |  |  |  |  |
| 1. What evidence is there that accommodations and/or modifications are being used? *(Describe)*
 |
|  |
| *Comments:*       |
| 1. **Behavior and Safety**
 |
| 1. Describe the behavior management system in the classroom, including positive re-enforces and consequences. Is it appropriate for the student or does it need to be modified?
 |
|  |
| 1. Are specific positive behavior supports utilized for the student? [ ]  Yes [ ]  No *(Describe)*
 |       |
| 1. Is there appropriate safety equipment in place? [ ]  Yes [ ]  No
 |
| 1. Are appropriate safety and medical procedures being used? [ ]  Yes [ ]  No
 |
| 1. Does it appear appropriate training has been provided? [ ]  Yes [ ]  No
 |
|  |
| *Comments:*       |
| 1. **Student Behavior In Independent Activities**
 |
| 1. Describe the student’s interaction with peers.
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|  |
| 1. Describe the student’s interaction with non-classroom staff in a less structured environment.
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| 1. What activities does the student choose during break?
 |
|  |
| 1. What problems are evident?
 |
|  |
| *Comments:*       |
| 1. **Describe the school day and assistance now provided. Include natural supports such as peers, school staff, volunteers, etc.**
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|       |
| 1. **How is existing assistance utilized?**
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|       |
| 1. **Can current conditions be modified to meet the student’s goals and objectives and/or personal care needs?**
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|       |
| 1. **What other types of assistance is needed? Why?**
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|       |
| 1. **Are there any other issues that need to be addressed?**
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|       |
|  |
| *Comments:*       |
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