

Classroom Observation

(Vanderbilt Modified Form)

Student's Name:	_DOB:	Teacher Completing Form:

We appreciate the opportunity to share in this student's successful care planning. Your input is invaluable to the Melmed Center's assessment of this student's current treatment.

Please complete the attached rating scales on the specified date. Please rate each behavior by circling the number that best describes the behavior or severity of challenge.

PLEASE FAX EACH RATING TO MELMED CENTER AT (480) 443-4018.

Behavior Rating Code: 0 = Never 1 = Occasionally 2 = Often 3 = Very Often

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Date:	Date:	Date:	
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0123	0123	0123	Fails to give attention to details or makes careless mistakes
0123	0123	0123	Has difficulty sustaining attention in tasks
0123	0123	0123	Does not seem to listen when spoken to directly
0123	0123	0123	Difficulty following instructions and fails to complete assigned tasks
0123	0123	0123	Has difficulty organizing tasks
0123	0123	0123	Avoids or dislikes to engage in tasks that require sustained mental effort.
0123	0123	0123	Loses things necessary for tasks
0123	0123	0123	Is easily distracted by extraneous stimuli
0123	0123	0123	Is forgetful in daily activities
0123	0123	0123	Fidgets with hands or feet or squirms in seat
0123	0123	0123	Difficulty remaining seated when expected
0123	0123	0123	Runs about or climbs excessively at inappropriate times
0123	0123	0123	Has difficulty playing quietly
0123	0123	0123	Is "on the go" or often acts as if "driven by a motor"
0123	0123	0123	Talks excessively
0123	0123	0123	Blurts out answers before questions complete
0123	0123	0123	Has difficulty awaiting turn
0123	0123	0123	Interrupts or intrudes on others

Severity of performance challenge: 0 = Never 1 = Occasionally 2 = Often 3 = Very Often

0123	0123	0123	Mathematics
0123	0123	0123	Written expression
0123	0123	0123	Relationship with peers
0123	0123	0123	Following Direction
0123	0123	0123	Disrupting class
0123	0123	0123	Assignment completion
0123	0123	0123	Organizational skills
0123	0123	0123	Reading

0 1 2 3	Date:	Date:	Date:	= Occasionally 2 = Often 3 = Very Often
0123 0123 0123 Loses temper 0123 0123 0123 Actively defies or refuses requests 0123 0123 0123 Is angry or resentful 0123 0123 0123 Is spiteful and vindictive 0123 0123 0123 Is seff-ul, anxious, or worried 0123 0123 0123 Is seff-conscious or easily embarrassed 0123 0123 0123 Is seff-conscious or easily embarrassed 0123 0123 0123 Is afraid to try new things for fear of making mistakes 0123 0123 0123 Feels worthless or inferior 0123 0123 0123 Blames self for problems, feels guilty 0123 0123 0123 Feels lonely, unwanted, or unloved 0123 0123 0123 Blames self for problems, feels guilty 0123 0123 0123 Works well independently 0123 0123 0123 Works well independently 0123 0123 0123 0123 O123 0123				
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Student's Name: ______Teacher Completing Form: _____