



melmed center

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

Date: / /	Date: / /	Date: / /	
0 1 2 3	0 1 2 3	0 1 2 3	Fails to give attention to details or makes careless mistakes
0 1 2 3	0 1 2 3	0 1 2 3	Has difficulty sustaining attention in tasks
0 1 2 3	0 1 2 3	0 1 2 3	Does not seem to listen when spoken to directly
0 1 2 3	0 1 2 3	0 1 2 3	Difficulty following instructions and fails to complete assigned tasks
0 1 2 3	0 1 2 3	0 1 2 3	Has difficulty organizing tasks
0 1 2 3	0 1 2 3	0 1 2 3	Avoids or dislikes to engage in tasks that require sustained mental effort.
0 1 2 3	0 1 2 3	0 1 2 3	Loses things necessary for tasks
0 1 2 3	0 1 2 3	0 1 2 3	Is easily distracted by extraneous stimuli
0 1 2 3	0 1 2 3	0 1 2 3	Is forgetful in daily activities
0 1 2 3	0 1 2 3	0 1 2 3	Fidgets with hands or feet or squirms in seat
0 1 2 3	0 1 2 3	0 1 2 3	Difficulty remaining seated when expected
0 1 2 3	0 1 2 3	0 1 2 3	Runs about or climbs excessively at inappropriate times
0 1 2 3	0 1 2 3	0 1 2 3	Has difficulty playing quietly
0 1 2 3	0 1 2 3	0 1 2 3	Is "on the go" or often acts as if "driven by a motor"
0 1 2 3	0 1 2 3	0 1 2 3	Talks excessively
0 1 2 3	0 1 2 3	0 1 2 3	Blurts out answers before questions complete
0 1 2 3	0 1 2 3	0 1 2 3	Has difficulty awaiting turn
0 1 2 3	0 1 2 3	0 1 2 3	Interrupts or intrudes on others

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

0 1 2 3	0 1 2 3	0 1 2 3	Mathematics
0 1 2 3	0 1 2 3	0 1 2 3	Written expression
0 1 2 3	0 1 2 3	0 1 2 3	Relationship with peers
0 1 2 3	0 1 2 3	0 1 2 3	Following Direction
0 1 2 3	0 1 2 3	0 1 2 3	Disrupting class
0 1 2 3	0 1 2 3	0 1 2 3	Assignment completion
0 1 2 3	0 1 2 3	0 1 2 3	Organizational skills
0 1 2 3	0 1 2 3	0 1 2 3	Reading

Student's Name: _____ Teacher Completing Form: _____

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

Date: / /	Date: / /	Date: / /	
0 1 2 3	0 1 2 3	0 1 2 3	Disruptive in class
0 1 2 3	0 1 2 3	0 1 2 3	Loses temper
0 1 2 3	0 1 2 3	0 1 2 3	Actively defies or refuses requests
0 1 2 3	0 1 2 3	0 1 2 3	Is angry or resentful
0 1 2 3	0 1 2 3	0 1 2 3	Is spiteful and vindictive
0 1 2 3	0 1 2 3	0 1 2 3	Is fearful, anxious, or worried
0 1 2 3	0 1 2 3	0 1 2 3	Is self-conscious or easily embarrassed
0 1 2 3	0 1 2 3	0 1 2 3	Is afraid to try new things for fear of making mistakes
0 1 2 3	0 1 2 3	0 1 2 3	Feels worthless or inferior
0 1 2 3	0 1 2 3	0 1 2 3	Blames self for problems, feels guilty
0 1 2 3	0 1 2 3	0 1 2 3	Feels lonely, unwanted, or unloved
0 1 2 3	0 1 2 3	0 1 2 3	Is sad, unhappy, or depressed

Students Strengths			
0 1 2 3	0 1 2 3	0 1 2 3	Works well independently
0 1 2 3	0 1 2 3	0 1 2 3	Persists with task for reasonable amount of time
0 1 2 3	0 1 2 3	0 1 2 3	Completes assigned tasks
0 1 2 3	0 1 2 3	0 1 2 3	Follows simple directions
0 1 2 3	0 1 2 3	0 1 2 3	Follows a sequence of instructions
0 1 2 3	0 1 2 3	0 1 2 3	Functions well in classroom
0 1 2 3	0 1 2 3	0 1 2 3	Gets along with peers
0 1 2 3	0 1 2 3	0 1 2 3	Follows class rules

Write the approximate percentage of assigned class work completed during this week: 0% -10 - 20 - 30 - 40 - 50 - 60 - 70 - 80 - 90 - 100%				
In general, the quality of work completed this week: 0-Very poor; 1-Poor; 2- Average; 3-Good; 4-Very good				

Please include any observations you feel are pertinent:

Thank you for your help! Please fax the ratings to Melmed Center at (480) 443-4018.

Follow us on Facebook

www.melmedcenter.com