

In Class Observation Form – Active Involvement

Web-Centric Student Name: _____

Observation Date: _____ Length of Active Involvement (Hours): _____

District Name: _____ School Name: _____

Grade Level of Activity Involvement: _____ Subject of Active Involvement: _____

How you were actively involved in the classroom? Mark all that applies.

- Reading a story to student/group/class
- Handing out materials/papers
- Helping with technology
- Working one-on-one with a student
- Working with a small group
- Grading papers
- Presenting warm up/activity
- Other _____

Write a summary of your active involvement.

What did you learn from the active involvement you participated in?

Signature of Teacher: _____ Printed Name: _____

Phone Number: _____ Email Address: _____

Use the In-Class Observation Form to complete each observation. To submit your hours, please scan and email your completed forms to your Program Specialist.