

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 were you 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 and then scan and email to your program specialist once complete.

- **Be sure to make a copy of your observation forms for your records.**