Student Shadow Observation Review

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classes observed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age grade: \_\_\_\_\_\_\_\_\_\_\_\_

1. Does the student appear to work within 2 grade levels of their “age grade” in all subjects? Yes No
	1. If no, explain:
2. Did the student follow all directions? Yes No
	1. If no, explain:
3. Did the student work quietly when asked? Yes No
	1. If no, explain:

1. Did the student interact with peers? Yes No
2. Did the student use appropriate language for their age? Yes No
3. Did you receive any feedback from your current students about this student? Yes No
4. Based on your expertise, did the student’s interactions appear “normal” for their age? Yes No
	1. If no, explain:
5. Based on your expertise, would the student need tutoring in anything? Yes No
	1. If yes, explain:
6. Did you have an opportunity to talk to the parent? Yes No
7. Would you like an opportunity to talk to the parent? Yes No
8. Do you have any other questions (write them below)?
9. Based on your expertise, and somewhat limited interactions, would you recommend the student for Educational Harbor and probably your class? Yes No Unsure
	1. If no, or unsure, explain

Teacher signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_