

## Environmental Observation Guide

Student's name: \_\_\_\_\_

School: \_\_\_\_\_

Observer: \_\_\_\_\_

Date of Observation: \_\_\_\_\_

Type of class: \_\_\_\_\_

**Directions:** Complete this Environmental Assessment Checklist before beginning

**Describe the environment:** Record short responses in the space provided.

Special or general education classroom?	
Specialty classroom (Specify: e.g., P.E., computer lab)	
Therapy room? (Specify)	
Number of teachers in class?	
Number of aides in class?	
Number of volunteers in class?	
Number of students in the class?	
How many days per week is the program?	
How many hours/day?	
Is the atmosphere busy or quiet?	
Are there large open areas or small divided sections?	
How are the desks arranged?	
Is the furniture sized for students?	
Are materials accessible, appropriate, varied, interesting?	
Is special equipment available (i.e., chairs with arm supports)?	
Where is the classroom located in relationship to the cafeteria, therapy, outdoor play areas, etc.?	
Are bathrooms located in or outside the classroom?	

**Sensory Stimulation:** Judge the level of sensory stimulation and record it with a check in the corresponding box. Enter comments or notes that clarify your responses if needed.

	Excessive	Balanced	Reduced	N/A	Comments
<b>Auditory</b>					
Hallway					
Street					
Other classrooms					
Other students					
Instructional media					
Teacher aides/volunteers					
Other (specify):					

**Sensory Stimulation: continued**

	Excessive	Balanced	Reduced	Comments
Visual				
Color				
Clutter/busy				
Art/decorations				
Visual information				
Lighting				
Other (specify):				

**Persons Present During Observation:** For each person on the list, put a check in the appropriate column indicating their level of participation.

Persons	Participating	Observing	Not Present
Student			
Special Educator			
General Educator			
Peer Tutors (How many? _____)			
Instructional Assistant #1			
Instructional Assistant #2			
Instructional Assistant #3			
Personal Attendant			
Speech-Language Pathologist			
Occupational Therapist			
Physical Therapist			
School Psychologist			
Parent			
Volunteer			
Administrator			
AT Specialist			
Other (specify):			

**Notes:**

## Chapter 1 - Assistive Technology Assessment



**Access to Assistive Technology:** Record the presence or absence of **EACH TYPE** of assistive technology by placing a check in the corresponding box. Record the AT found in the classroom as a whole, not just the AT used by the target student.

Types	Present-Not Used	Present-Used	Not Present
Communication cards/boards			
Digitally recorded communication devices			
Electronic communication devices			
AT for activities of daily living			
Adjustable seating (not a wheelchair)			
Positioning equipment			
Amplification			
Visual signaling devices			
Braille/brailled materials			
Magnifiers			
Notetaking devices/keyboards			
Speech output devices/computers			
Handwriting aids			
Alternate/adapted keyboards			
Alternate/adapted mouse			
Computer switch interface			
Touch window			
Talking word processor			
Word prediction			
Text or screen reader			
Portable word processor			
Transfer aids - Hoists/lifts			
Mobility aids (not wheelchairs)			
Adapted environment (e.g., doors, fixtures, furniture)			
Electronic equipment for instruction (calculator, e-books)			
Adapted instructional materials			
Instructional software			
Computer stations			
Adapted art/craft materials			
Adapted sports/recreation equipment			
Adapted toys			
Wheelchair – Manual or Power			
Other (specify):			