Environmental Observation Guide

Student's name: Sofia

School: William Mason Elementary

Observer: OT

Date of Observation: November 10

Type of class: circle time, general education kindergarten classroom

Directions: Complete this Environmental Assessment Checklist before beginning

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

Special or general education classroom?	general education
Specialty classroom (Specify: e.g., P.E., computer lab)	no
Therapy room? (Specify)	no
Number of teachers in class?	2
Number of aides in class?	1
Number of volunteers in class?	0
Number of students in the class?	17
How many days per week is the program?	5
How many hours/day?	6.5
Is the atmosphere busy or quiet?	busy
Are there large open areas or small divided sections?	both
How are the desks arranged?	tables that seat 5-6 students
Is the furniture sized for students?	yes
Are materials accessible, appropriate, varied, interesting?	yes
Is special equipment available (i.e., chairs with arm supports)?	modified chairs, bean bags, carpet squares
Where is the classroom located in relationship to the cafeteria, therapy, outdoor play areas, etc.?	adjacent to the cafeteria, three rooms from the OT/PT/SLP, play area visible from classroom
Are bathrooms located in or outside the classroom?	inside

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
Auditory					
Hallway			X		
Street				X	
Other classrooms		X			
Other students		X			
Instructional media		X			
Teacher aides/volunteers			X		
Other (specify):					classroom

Sensory Stimulation: continued

	Excessive	Balanced	Reduced	Comments
Visual				walls covered with posters and student artwork; bookshelves are full and lack organization; toys and manipulatives in full view; filters on lighting reduces flicker
Color	X			
Clutter/busy	X			
Art/decorations	X			
Visual information	X			
Lighting			X	
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		X	
Special Educator	X		
General Educator	X		
Peer Tutors (How many? _____)			
Instructional Assistant #1	X		
Instructional Assistant #2			
Instructional Assistant #3			
Personal Attendant			
Speech-Language Pathologist			
Occupational Therapist			
Physical Therapist			
School Psychologist		X	
Parent			
Volunteer			
Administrator			
AT Specialist			
Other (specify):			

Notes:

Student sat in circle but did not participate or respond during the activities.

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