PROPOSED CLASS/PROGRAM VISITATION CHECKLIST

Date: _____ Time: _____ a.m. /p.m.

School: _____

Class: _____

Size of School _____

Class size _____

Student to teacher ratio _____

Number of aides in class _____

Age range of other students in class _____

Behavior/management needs of other students in class _____

_____

_____

Academic functional level of other students in class _____

_____

IQ level of other students in class

_____

_____

Nature of disability of other students in class _____

_____

_____

If general education/collaborative class, how many children have IEP's

_____

Note student work displayed on walls _____

_____

_____

Set up of desks/tables in class room(s) _____

_____

_____

Teacher/student ratio for specials (music, art, gym) _____

_____

Lunchroom space and number of aides _____

_____

Recess space and number of aides _____

_____

Note noise level of school/classroom _____

_____

How many students in cafeteria _____

How do students interact with one another_____

_____

_____

Are classes full or over capacity _____

What is a typical day (schedule) _____

_____

_____

Qualifications of teacher(s) and aide(s) for all subject areas including specials _____

_____

_____

Curriculum/teaching philosophy for academic subjects _____

_____

_____

Teaching philosophy of school _____

_____

_____

Special education modifications/methodologies used _____

_____

Behavior modification interventions used _____

_____

_____

Related services provided at school (e.g., counseling, speech, OT, PT) _____

_____

Is psychologist present at school full or part time _____

Other pertinent information or observations _____

_____

_____

_____

_____