

MENTAL HEALTH CLASSROOM OBSERVATION

CENTER: _____ CLASS: _____

STAFF:

CHILDREN PRESENT: _____ VOLUNTEERS: _____

FACTORS THAT MIGHT INFLUENCE CLASSROOM:

I. PHYSICAL ENVIRONMENT

Does the physical environment of this classroom foster social competence, enhance the sense of dignity and self worth, and create a climate of expectations for success?

GENERAL APPEARANCE: YES ___ NO ___ CLEANLINESS: YES ___ NO ___

Comments:

II. INTERACTION/COMMUNICATION/BEHAVIOR MANAGEMENT

Does this classroom encourage self-confidence and foster social competency through communication and interaction, both verbal and non-verbal, in a manner that shows respect for individual differences and respect for the intrinsic self-worth of both children and adults?

	YES	NO
ADULT AND CHILDREN INTERACTIONS/COMMUNICATION	_____	_____
CHILDREN AND CHILDREN INTERACTION/COMMUNICATION	_____	_____
ADULT AND ADULT INTERACTION	_____	_____
ARE APPROPRIATE BEHAVIOR MANAGEMENT TECHNIQUES USED IN THIS CLASSROOM?	_____	_____

ARE TRANSITIONS SMOOTH AND ORDERLY? _____

Comments:

Additional Information:

Discussion:

Requests/Staff:

Recommendations:

Other:

III. DOES THIS CLASSROOM PROVIDE AN ENVIRONMENT FOR CHILDREN THAT WILL...

	YES	NO	COMMENTS
DEVELOP SELF- CONCEPTS?	_____	_____	_____
ENHANCE INDIVIDUAL STRENGTHS?	_____	_____	_____
DEVELOP SOCIAL SKILLS?	_____	_____	_____

Is this philosophy reflected in the lesson plan?

In the curriculum?

In the physical appearance of the room?

Additional comments:

Needs in classroom:

IV. ARE THE CLASSROOM MANAGEMENT AND BEHAVIOR MANAGEMENT TECHNIQUES IN USE CONSISTENT WITH BEST PRACTICES IN A CLASSROOM?

YES NO

Teaching techniques are developmentally appropriate.

There are indications of Mental Health activities.

Classroom rules are posted, written in a positive manner, and are developmentally appropriate.

_____ _____

Children's artwork is displayed and reflects children's individual creativity.

Classroom materials reflect cultural and ethnic difference.

_____ _____

Specific classroom problems:

V. RECOMMENDATIONS

Signature of MENTAL HEALTH PROFESSIONAL

Signature of TEACHER

Signature of SPECIAL SERVICES STAFF

DATE