

SOUTHWEST HRA HEAD START

Section: Early Childhood Development
Subject: Classroom Observations
Revised: May, 2003

REGULATION REFERENCE:

45 CFR Part 1304 (Nov. 1996) Performance Standards 1304.51(I)(2)

POLICY:

To maintain all Head Start Performance Standards in each Southwest HRA Head Start classroom, the Assistant Director for Early Childhood Development and Area Managers will periodically monitor daily activities of the classrooms.

PROCEDURE:

1. Each Area Manager will be responsible for monitoring seven to eight classrooms and working with the staff of these classrooms giving training and technical assistance as needed throughout the program year.
2. Each classroom will be monitored by the Assistant Director for ECD or an Area Manager a minimum of two full days during the program year using the "Classroom Observation" form (see page E-53-a) . At the end of the day's observation, the form will be reviewed with the center staff noting any suggestions or recommendations for improvements.
3. The center teaching staff will be given a copy of the completed "Classroom Observation" form to be kept on file in the center for future reference. Each Area Manager will receive a copy if completed by the Assistant Director for ECD; the Assistant Director for ECD will receive a copy if completed by an Area Manager.
4. The Assistant Director for ECD and/or Area Managers will visit all classrooms on a monthly basis and complete the "Classroom Visit Form" (see page E-53-f). Each Teacher will be given a copy of the completed form with recommendations for improvements if necessary; the Area Manager will receive a copy if completed by the Assistant Director for ECD and the Assistant Director for ECD will receive a copy if completed by an Area Manager.

SOUTHWEST HRA HEAD START

CLASSROOM OBSERVATION FORM

Center _____ Teacher _____

Date _____ Number of children present _____

I. SAFE

1. Safety forms posted:

<input type="checkbox"/> Fire/tornado drill form	<input type="checkbox"/> Emergency Telephone Numbers	Comments: _____
<input type="checkbox"/> First Aid Booklet	<input type="checkbox"/> Evacuation floor plan	_____
<input type="checkbox"/> Emergency Plan	<input type="checkbox"/> Adult classroom rules	_____
<input type="checkbox"/> Children's rules	<input type="checkbox"/> Location of telephone, first aid	_____
<input type="checkbox"/> Monthly Safety Inspe.	<input type="checkbox"/> kit, & child emergency numbers	

2. Does the day's activities include anything on safety? _____ Describe activities: _____

3. List any safety hazards observed in classroom, gym, and playground: _____

4. Safe room arrangement:

<input type="checkbox"/> Exits labeled	<input type="checkbox"/> Outlets covered
<input type="checkbox"/> Exit ways clear	<input type="checkbox"/> Large entrances into Interest Centers
<input type="checkbox"/> Low furniture	<input type="checkbox"/> No sharp edges
<input type="checkbox"/> No cleaning supplies out	<input type="checkbox"/> Emergency Light in operation

II. HEALTHY

1. Is the classroom clean:

<input type="checkbox"/> Floors	<input type="checkbox"/> Cot covers
<input type="checkbox"/> Tables	<input type="checkbox"/> Toys/supplies
<input type="checkbox"/> Walls	<input type="checkbox"/> Chairs
<input type="checkbox"/> Tissues available	

Bathrooms:

<input type="checkbox"/> Floors
<input type="checkbox"/> Fixtures
<input type="checkbox"/> Soap available
<input type="checkbox"/> Towels available
<input type="checkbox"/> Tissue paper available

Playground:

<input type="checkbox"/> No trash/broke glass
<input type="checkbox"/> No sharp edges
<input type="checkbox"/> Enclosed

2. Health activities observed:

<input type="checkbox"/> Wash hands before breakfast	<input type="checkbox"/> Wash hands before lunch	<input type="checkbox"/> Wash hands after bathroom
<input type="checkbox"/> Staff use gloves for food	<input type="checkbox"/> Brush teeth after a meal	<input type="checkbox"/> Wash before nutrition act.
<input type="checkbox"/> Introduce foods	<input type="checkbox"/> Encourage covering mouth for coughs or sneezes	

Others: _____

III. LEARNING ENVIRONMENT

1. Lesson Plan posted? _____ "Individual" page accessible only to staff? _____

2. Lesson Plan followed? _____

3. List teacher-made materials posted or used by the children: _____

4. Large group unit activities presented (list beginning and ending times): _____

5. Interest Centers/Activities: (* reflects daily topic: _____)
- ___ Art _____
 - ___ Blocks _____
 - ___ Library _____
 - ___ Manipulative _____
 - ___ Science/Math _____
 - ___ Housekeeping _____
 - ___ Music _____
 - ___ Sand/Water _____
 - ___ Carpentry _____
 - ___ Nutrition _____
 - ___ Writing Area _____
 - ___ Computer Activity _____
 - ___ Large group area _____
 - ___ Other _____

6. "Individual" activities presented: _____

7. Is the children's work displayed (explain)? _____

8. Are the shelves well organized with supplies? _____

9. Language Development/Safety Kits (staff person presenting, times, & activities):

___ Safety _____

___ High Hat _____

10. Songs that reflect daily topic: _____

11. Stories that reflect daily topic: _____

12. Mental Health Activities presented: _____

13. Lang./Literacy Activity presented: _____

IV. PHYSICAL

1. Fine motor activities observed: _____

2. Gross motor activities observed: _____

3. Outside time and activities: _____

V. COGNITIVE

1. Problem solving (cognitive) activities planned for Interest Center time: _____

2. Other cognitive activities observed: _____

VI. COMMUNICATION (Language & Literacy)

1. Check techniques observed that promote language/literacy development:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Flip chart | <input type="checkbox"/> Prop boxes | <input type="checkbox"/> Calendar | <input type="checkbox"/> Quiet games |
| <input type="checkbox"/> Stories | <input type="checkbox"/> Flannel Board | <input type="checkbox"/> Pictures | <input type="checkbox"/> Active games |
| <input type="checkbox"/> Posters | <input type="checkbox"/> Discussion | <input type="checkbox"/> Finger plays | <input type="checkbox"/> Ed. Video |
| <input type="checkbox"/> Nursery rhymes | <input type="checkbox"/> Safety Kits | <input type="checkbox"/> High Hat lesson | <input type="checkbox"/> Letter wall used |
| <input type="checkbox"/> Sign-in chart used | <input type="checkbox"/> Stressing authors & illustrators | | |

Others _____

VII. CREATIVE

1. List creative activities observed: _____

VIII. SELF

1. List five adult statements that would give the children a positive self concept:

2. List self-help skills observed: _____

IX. SOCIAL

1. Check social skills observed:
Sharing _____ Taking turns _____ Working together _____
Respecting feelings _____ Working alone _____ Teacher reminding rules _____
Children reminding rules _____ Others _____

X. GUIDANCE AND DISCIPLINE

1. Is the **current** daily schedule posted on a half sheet poster board? _____
2. Is the schedule followed? _____

3. Were Interest Centers prepared ahead of time? _____

4. Are children warned in advance of clean-up time? _____ How? _____

5. Describe Interest Center time transition: _____

6. Describe other transition activities used during the day: _____

7. Large group times observed: _____

8. Small group times & activities observed: _____

9. Describe how behavioral problems are handled: _____

XI. FAMILIES

1. Is the Parent Resource Center attractive & inviting? _____

2. Is the Parent Resource Center well equipped? _____

3. List all volunteers in the classroom today? _____

4. Do volunteers seem comfortable with schedule & activities? _____

5. Is there evidence of other parent contact? _____

6. Is the current Center-Home Activity Letter posted in the Parent Resource Center? _____

XII. PROGRAM MANAGEMENT

1. Were staff sharing responsibilities? _____

2. Do all adults seem to be aware and comfortable with the schedule and lesson plan activities? _____

SOUTHWEST HRA HEAD START

CLASSROOM VISIT FORM

Center _____ Teachers _____

Date _____ Times _____

Reason for visit: _____

Class is following schedule? _____

Lesson Plans are followed? _____ If not, why? _____

Number of children's **creative** work posted: _____ How many adults in classroom? _____

Staff comments/center needs: _____

Health & Safety Checklist :

- _____ Fire/Tornado Drill _____ Monthly Safety Inspec. Report _____ Outlets covered
- _____ Cots covered _____ Dangerous materials/poisons in locked cabinets
- _____ Well supplied first-aid kit available, accessible to staff, and out of reach of children
- _____ Classroom is clean, safe, and in order

Bathrooms: Clean? _____ Towels/paper available? _____
 Soap available? _____ Toilets flushed? _____

Comments on Health & Safety _____

Describe group management techniques: _____

Observation Comments/Suggestions for improvements: _____

Observer: _____

Teaching Staff: _____