Co-Teaching Observation Checklist

Date: _____ Subject/Activity: _____

	Positive Behaviors					Negative Behaviors								
Student Name	Co-Teaching	Student Participation	Active Listening	Ability to Collaborate	Willingness to Share	Off-Task Behavior	Inappropriate Behavior	Disruptive	Difficulty Following Directions	Lack of Focus	Difficulty Collaborating	Difficulty Sharing Ideas	Other Concerns	Additional Notes

Observer Name: _____