**Amsterdam School District**

**Class Profile**

Teacher: Evaluator:

Grade: Subject: Date of Observation:

***While not required, completion of this form will assist with demonstrating evidence of Component 1b.***

1. How many students will be observed?
	1. \_\_\_\_\_ **Total** Number ***\*Refer to eschool for information***
	2. \_\_\_\_\_ **MALE** students
	3. \_\_\_\_\_ **FEMALE** students
2. What is the **age range** of the students? \_\_\_\_\_\_\_\_\_
3. How many students have the following **exceptionalities** (students may fall into more than 1 category): \*
	1. \_\_\_\_\_ Special Education IEP (please explain the nature of the disabilities)
	2. \_\_\_\_\_ Receiving AIS services (please list the AIS services received)
	3. \_\_\_\_\_ 504 Plan (please explain the nature of the disabilities)
	4. \_\_\_\_\_ English Language Learners (any student in ESL or ESL monitoring)
	5. \_\_\_\_\_ Other (please specify)
4. With respect to the following categories, how would you describe your students? \*
	1. \_\_\_\_\_African American or Black, non Hispanic
	2. \_\_\_\_\_ Asian, Asian American or Pacific Islander
	3. \_\_\_\_\_ Hispanic
	4. \_\_\_\_\_White
	5. \_\_\_\_\_ Mixed Race
	6. \_\_\_\_\_ Other (please specify)
5. Is there anything about the **learning environment** that you think might affect your students or the scheduled classroom observation (e.g., this is not your own classroom; there is new equipment, construction, or equipment not working). If so, please note.
6. Are there any **special circumstances** that the observer should be aware of in order to understand what will occur during the scheduled observation (e.g., school wide routines or policies, interruptions, behavior patterns of students, behavior plans). If so, please explain.