



# IAP Coaching Classroom Observation Feedback Form

School: \_\_\_\_\_ IAP Coach: \_\_\_\_\_  
 Student: \_\_\_\_\_ Internal Coach: \_\_\_\_\_  
 Classroom/Type: \_\_\_\_\_  
 DATE: \_\_\_\_\_

Critical Feature	P Present	I Present but not used or incorrect	N Not present	type	Prompts	Discussion/Feedback
Individual Schedule						
				object	HOH	
				photo	Gesture	
				colored line drawing	Model	
				b/w line drawing	Verbal	
				written	Independent	
				other		
Communication Systems				Expressive	Receptive	Discussion/Feedback
				Verbal	Verbal	
				Verbal w/ supports	Verbal w/ written words & pics	
				Visual Picture Exchange	Verbal w/written words	
				Sentence starters		
				Scripts		
				Cue cards		
				AAC		
				Low Tech including Core Board		
				Other		

Critical Feature	P Present	I Present but not used or incorrect	N Not present	type	Prompts	Discussion/Feedback
Social Supports						
				Social Stories		
				Power cards		
				Peer support		
				Structured social interaction		
				Supports are age appropriate		
				Other		
Positive Supports						
				Task organizers		
				Environmental structure		
				Independent work area	Mastered wk y/n Rotated work y/n Silence y/n W/O Prompts y/n No One in proximity y/n Move to dif location y/n	
				Pre and individual teaching		
				Reinforcers		
				Supports are age appropriate		
				Planned transition		
				Sensory	Proactive/Reactive	
				Other		

Critical Feature	P Present	I Present but not used or incorrect	N Not present	type	Prompts	Discussion/Feedback
Behavior Plan (if needed)						
				Behavior defined		
				Function hypothesized		
				Replacement Behavior identified		
				Replacement behavior taught		
				Data taken		
				Data used		
				Plan revised		
				Team knows procedures		
Inclusion opportunities						Discussion/Feedback
Percentage of day in general education class				General classroom	80-100% _____ 60-79% _____ 40-59% _____ >40% _____ 0% _____	
				Curriculum modified		
				Interaction with peers	Target student initiates _____ Peer initiates _____	
				Specials		
				Lunch, recess		
				Other		

Critical Feature	P Present	I Present but not used or incorrect	N Not present	type	Prompts	Discussion/Feedback
Evidenced Based Practices Used				Which EBP used		
				Practices are age appropriate		

**Areas of Discussion/Suggestions:**

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Date of Review: \_\_\_\_\_

IAP Coach Signature \_\_\_\_\_

Internal Coach Signature \_\_\_\_\_

Teacher Signature \_\_\_\_\_