

# CLASS PROFILE

Candidate Name: \_\_\_\_\_ Candidate PIN # or SSN: \_\_\_\_\_  
 School: \_\_\_\_\_ District: \_\_\_\_\_  
 Grade(s): \_\_\_\_\_ Subject(s): \_\_\_\_\_  
 Room #/Location: \_\_\_\_\_ Date of Observation: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Please use a **PEN** and **CHECK (✓)** or **PRINT** your responses in the space provided. Unless otherwise indicated, check only one response for each question. Please respond to all questions.

<p>1. Which of the following best describes the <b>LEVEL</b> of the class being observed?</p> <p><input type="radio"/> a. Pre-Kindergarten - Grade 2  <input type="radio"/> b. Grades 3-5  <input type="radio"/> c. Grades 6-8  <input type="radio"/> d. Grades 9-12  <input type="radio"/> e. More than one of the levels above (please specify) _____</p> <p>2. Which of the following best describes the <b>CONTENT</b> of the class being observed?</p> <p><input type="radio"/> a. Business  <input type="radio"/> b. Computer Science  <input type="radio"/> c. English as a Second Language  <input type="radio"/> d. Family &amp; Consumer Sciences/Home Economics  <input type="radio"/> e. Foreign Language  <input type="radio"/> f. Health/Physical Education  <input type="radio"/> g. Language Arts/Communications  <input type="radio"/> h. Mathematics  <input type="radio"/> i. Physical/Biological/Chemical Sciences  <input type="radio"/> j. Social Sciences  <input type="radio"/> k. Special Education  <input type="radio"/> l. Visual Arts/Music/Theater/Dance  <input type="radio"/> m. Vocational Education  <input type="radio"/> n. Other (please specify) _____</p> <p>3. Which of the following best describes the areas from which your students come? (Check <b>ALL</b> that apply.)</p> <p><input type="checkbox"/> a. Low income, urban  <input type="checkbox"/> b. Middle or upper income, urban  <input type="checkbox"/> c. Low income, suburban  <input type="checkbox"/> d. Middle or upper income, suburban  <input type="checkbox"/> e. Low income, small town (not suburban)  <input type="checkbox"/> f. Middle or upper income, small town (not suburban)  <input type="checkbox"/> g. Low income, rural  <input type="checkbox"/> h. Middle or upper income, rural</p>	<p>4. [     ]     What is the <b>TOTAL NUMBER</b> of students enrolled in the class to be observed?</p> <p>5. [     ]     a. What is the number of <b>FEMALE</b> students?                    [     ]     b. What is the number of <b>MALE</b> students?</p> <p>6. [     ]     What is the <b>AGE</b> range for all of the students in the class?</p> <p>7. What is the estimated number of students identified in each <b>RACIAL/ETHNIC GROUP</b>?</p> <p>[     ]     a. American Indian or Alaska Native                    [     ]     b. Asian                    [     ]     c. Black or African American                    [     ]     d. Hispanic or Latino                    [     ]     e. Native Hawaiian or Other Pacific Islander                    [     ]     f. White                    [     ]     g. Other (please specify) _____</p> <p>8. What is the estimated number of students in each of the following <b>LANGUAGE</b> categories?</p> <p>[     ]     a. English language proficient                    [     ]     b. Limited English language proficient</p>
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9. Approximately what **PERCENTAGE** of your class can be categorized as the following?

(Percentage)

a. Above-average or advanced skill level

b. Average or intermediate skill level

c. Below-average skill level

100% Total

10. Approximately how many students in this class have been identified as having **EXCEPTIONALITIES**?

a. blindness or visual impairment

b. deafness or hearing impairment

c. developmental disability

d. emotional or behavioral disability

e. giftedness

f. learning disability

g. physical disability

h. Other (please specify)

11. Is there anything about the **LEARNING ENVIRONMENT** that you think might affect your students or the scheduled observation (e.g., this is not your own classroom; there is a new display, pet, or equipment in the room; there is construction going on in the building)? If so, please note.

12. What are the most important **CLASSROOM ROUTINES, PROCEDURES, RULES** and **EXPECTATIONS FOR STUDENT BEHAVIOR** that will be in operation during the observed lesson (e.g., collecting papers, reviewing-homework, safety precautions)?

13. Are there any **CIRCUMSTANCES** that the assessor should be aware of in order to understand what will occur during the scheduled observation (e.g., use of school-wide discipline, school-wide policies, interruptions, behavior patterns of certain students)? If so, please explain.

14. In the space below, please provide a simple **SKETCH** of the arrangement of the instructional space for this lesson (e.g., student desks, teacher desk, student work space, arrangement of playing field or laboratory). Please attach a **SEATING CHART** with the students' names, if available, or a **LIST** of students for the class to be observed.