

Toddler CLASS Observation Feedback

Site Name: _____
 Classroom: _____
 Teacher Name: _____
 Asst. Teacher Name: _____
 Observer Name: _____
 Observation Date & Time: _____



United Way of
Southwest Virginia



Dimension	Comments
Positive Climate	<ul style="list-style-type: none"> • <u>Strengths</u> • <u>Areas for Growth</u>
Negative Climate	<ul style="list-style-type: none"> • <u>Strengths</u> • <u>Areas for Growth</u>
Teacher Sensitivity	<ul style="list-style-type: none"> • <u>Strengths</u> • <u>Areas for Growth</u>
Regard for Child Perspectives	<ul style="list-style-type: none"> • <u>Strengths</u> • <u>Areas for Growth</u>
Behavior Guidance	<ul style="list-style-type: none"> • <u>Strengths</u> • <u>Areas for Growth</u>
Emotional and Behavioral Support Score	Please check one: Low 1-2.99, Medium 3-5.99, High 6-7 <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

