Quality of Inclusion Checklist

Class:_____ **Date:**_____ **Teacher:**_____

*Checks in the box marked "**Y**" for yes indicate high quality inclusive practices.
Checks in the "**N**" for no, suggest an area in which improvement may be possible.
Skip items that do not apply to the student you are observing.
Remember that increasing active participation in the classroom begins one step at a time!

Y	N	Physical Presence	Notes
		Does the student arrive to class on time?	
		Have all physical needs been met before class begins? (toileting, feeding, medications, splint/brace adjustments etc.)	_____ _____
		Does the student choose his or her place to sit?	_____
		Do the adults avoid sitting between the student and his or her classmates?	_____
		Does this student's placement support visual or hearing needs?	_____
		Is the student actively participating in the classroom activities rather than merely observing?	_____
		Is the student attentive and not disruptive?	_____
		Does the student leave the classroom at the end of the period and not before?	_____

Y	N	Learning Objectives	
		Have the special educator and the classroom teacher established learning objectives together?	
		Does the student understand his or her learning objectives?	_____
		Are the learning objectives connected to the IEP?	_____
		Is an educator asking the student content questions to assess learning each day?	_____
		Are informal assessments used to monitor learning for this student?	_____
		Is the student's involvement in learning activities monitored and facilitated throughout the class period?	_____
		Are modifications (changes what a student is expected to know) provided for this student as needed?	_____
		Are accommodations (changes how a student accesses information or demonstrates learning) provided for this student as needed?	_____ _____
		Do the educators communicate about how the student performed in class each day?	

Y	N	Technology	Notes
		If the student is a technology user; Where needed, does the student have the skills necessary to use technology in classroom activities? (i.e. power wheelchair skills, operating an AAC device or the computer, using an alternative keyboard, using his or her switch, etc.)	_____ _____
		Where needed, does the student use an AAC device to communicate during class time?	_____
		Does the AAC device operate properly?	_____
		Is the AAC device programmed with content relevant to current learning activities?	_____
		Does the student understand the content he or she is communicating?	_____
		Do the educators understand how the student uses his or her device to communicate?	_____
		Do the student's peers understand how the student communicates?	_____
		If the student uses the computer; Do the educators know how to use the software and computer?	_____
		Is the computer booted up and in the appropriate software program for the student?	_____
		Is the computer available for the student to use for reading and writing and is someone monitoring his or her work?	

Y	N	Social and Communication	
		Does the student have opportunities to greet and communicate with his or her peers?	
		Do the educators speak directly to the student?	_____
		Does the student ask and answer questions?	
		Do peers understand how this student best communicates?	_____

Y	N	Administrative	
		Do the school's administrators actively participate in solving problems and eliminating barriers to inclusion?	
		Do the school's administrators facilitate communication and collaboration between special education staff and regular education staff?	_____
		Do the administrators require and facilitate supervision of paraeducators?	_____
		Does the administration encourage the special education teacher to regularly observe students in the inclusive classroom setting?	_____