

STUDENT OBSERVATION FORM

(To be completed by SST designee)

RE 1c

You must "Save As" this form as a "PDF" on your computer before filling out, or your information will not be saved.

Student _____ School _____

Observation #: _____ Observations in at least **TWO** settings are required for each referral.

Observer: _____ Position: _____

| Subject(s) Observed/Date/Time | | | |
|-------------------------------|---------|------|------|
| | Subject | Date | Time |
| 1 | | | |
| 2 | | | |

| Learning Situation (Check all that apply) | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Regular Classroom | Number of Adults (teachers, TAs, etc.) | | <input type="checkbox"/> Whole Class | <input type="checkbox"/> Independent Work |
| <input type="checkbox"/> Resource Classroom | | | <input type="checkbox"/> Small Group | <input type="checkbox"/> Unstructured |
| <input type="checkbox"/> Outdoors / Gym | Number of Students | | <input type="checkbox"/> Cooperative learning | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | | | <input type="checkbox"/> Individual instruction | <input type="checkbox"/> Other _____ |

| Physical Environment | | | |
|----------------------------|--|--|--|
| <i>Lighting</i> | <input type="checkbox"/> Bright | <input type="checkbox"/> Adequate | <input type="checkbox"/> Dim |
| <i>Seating Arrangement</i> | <input type="checkbox"/> Rows facing front | <input type="checkbox"/> Desk clusters | <input type="checkbox"/> U-shaped facing front |
| <i>Student Placement</i> | <input type="checkbox"/> Middle/back of room | <input type="checkbox"/> Front of room | <input type="checkbox"/> Separated from other students |
| <i>Temperature</i> | <input type="checkbox"/> Hot | <input type="checkbox"/> Comfortable | <input type="checkbox"/> Cold |
| <i>Noise Level</i> | <input type="checkbox"/> Noisy | <input type="checkbox"/> Moderate | <input type="checkbox"/> Quiet |

| Student Behaviors Observed | | | | |
|--|--|--|--|--|
| (Please rate the student's behavior in each of the following areas relative to other students in the classroom.) | | | | |

| | RATING | | | Summarize and discuss the student's observed academic and functional skills (include strengths and weaknesses noted): | |
|--|-----------------------------|------------------------------|-----------------------------|---|--|
| | Strength (Above Average) | Age-Appropriate (Average) | Weakness (Below Average) | | |
| ACADEMIC/INSTRUCTIONAL BEHAVIORS | | | | | |
| Skills related to the academic task | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Attentive to instruction and tasks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Follows along with instruction/task | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Constructively contributes to class | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Follow teacher directions/task instructions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Organized work and work habits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Works carefully and neatly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Completes tasks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Work willingly and without frustration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| SOCIAL BEHAVIORS | | | | | |
| Friendly and respectful toward adults | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Friendly and respectful toward peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Interacts appropriately with peers in social setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Interacts appropriately with peers in academic setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Respects others' safety and personal space | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Engages with peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| GENERAL BEHAVIOR AND CONDUCT | | | | | |
| Staying in seat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Activity level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Talking out | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Behaviors disrupt class | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Attention span | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Easily excitable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Signature of Observer

Date

OHS-OCS PS 09/12