

Student Observation Form

Student: _____ Grade: _____ Date: _____
Teacher: _____ Observer: _____
Time Observed: _____
Subject: _____ Student to Staff Ratio: _____

Area(s) of concern stated in referral:

- | | | |
|--|---|---|
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Written Expression | <input type="checkbox"/> Basic Reading Skills |
| <input type="checkbox"/> Reading Fluency | <input type="checkbox"/> Math Calculations | <input type="checkbox"/> Math Problem Solving |
| <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Social Skills | <input type="checkbox"/> Behavior |

Appearance

Describe _____

Student's Level of Activity

- ☐ Hyperactive
☐ Appropriate
☐ Lethargic/Tired
☐ Other _____

Attention

- ☐ Listens to instructions
☐ Understands directions
☐ Able to stay on task
☐ Easily distracted
☐ Able to work independently
☐ Understands concept presented
☐ Staring blankly/daydreaming
☐ Fiddles with objects
☐ Doodling
☐ Distracts other children

Effort/Motivation

- ☐ Tries hard
☐ Gives up easily
☐ Careless in work
☐ Eager to please
☐ Hesitant to begin working
☐ Apathetic/Indifferent
☐ Works at reasonable pace
☐ Works slowly

Relationship with peers

- ☐ Works/plays alone
☐ Participates in group activities
☐ Interacts well with others
☐ Hitting, poking, distracting peers
☐ Initiates social interaction
☐ Waits for others to initiate

Relationship with teacher

- ☐ Cooperative
☐ Withdrawn
☐ Seeks attention
☐ Needs individual attention
☐ Refuses to follow instructions

Behavioral concerns

- ☐ Inappropriate vocalizations

Describe _____

- ☐ Repetitive motor movements

Describe _____

- ☐ Aggression

Describe _____

- ☐ Self-injurious behaviors

Describe _____

- ☐ Avoids peer interaction

Describe _____

Temperament

- ☐ Happy
☐ Depressed/withdrawn
☐ Angry/hostile
☐ Anxious
☐ Confused
☐ Easily upset

Transitions/Movement

- ☐ Moves around room appropriately
☐ Starts new tasks
☐ Prepares materials for beginning/end of lesson

- ☐ Unable to transition appropriately

Describe _____

Classroom Noise Level: ☐much ☐some ☐little ☐none

Movement in Classroom: ☐much ☐some ☐little ☐none

Detailed sequence of events that occurred during the observation: