

Teacher Observation Record

Appendix G-f

This form should be completed by the teacher(s) who provides instruction to the identified student in the **area(s) of suspected disability**. This form should be completed by each teacher who provides instruction to the identified student in the area(s) of suspected disability. Please bring this completed form to the Multidisciplinary Evaluation Meeting, or return the completed form to: _____ by _____

Student's Name _____

School _____ Grade _____

Setting _____ Reading _____ Math _____ Writing _____

Date _____ Teacher _____ Time Period _____

Observer _____ Title _____

DIRECTIONS: Read each statement and check areas of concern when comparing the student to an average peer in your classroom.

	Areas of Concern		Areas of Concern
Needs instructions repeated		Misunderstands what has been said	
Is distracted by auditory stimuli		Does not pick up on social cues during conversation	
Is distracted by visual stimuli		Invades others' personal space	
Daydreams, Stares into space		Touches others inappropriately Explain _____	
Doesn't persist when frustrated or delayed		Uses profanity or inappropriate gestures	
Is fidgety or restless, Produces motion without purpose		Engages in silly, immature behavior	
Is out of seat at inappropriate time		Seeks attention from adults	
Becomes overly excited or stimulated		Seeks attention from peers	
Has difficulty delaying gratification, Cannot wait turn		Becomes emotionally upset over academic work	
Impulsive, frequently changes answer		Becomes emotionally upset during social interactions or when asked to follow a rule	
Needs reassurance or assistance to begin work or to continue working		Becomes stubborn / uncooperative / resistant while completing academic work	
Requires directions given individually		Becomes stubborn / uncooperative / resistant during social interactions or when asked to follow a rule	
Oral or written responses are irrelevant to task at hand		Is withdrawn, quiet	
Makes identical errors even after correction		Has difficulty adjusting to changes in routine	
Materials and belongings are disorganized		Affect is inappropriate or inconsistent with reported feelings	
Written work contains omissions, reversals, and/or careless errors		Is physically aggressive toward self Explain _____	
Poor handwriting (letter formation, staying on lines, spacing, etc.)		Is verbally or physically aggressive toward others Explain _____	
Has difficulty copying correctly from board or book		Makes negative comments about self, Puts self down	
Has difficulty with fine motor skills (holding pencil, tying shoes, opening containers, etc.)		Makes somatic complaints	
Has difficulty expressing self orally		Perfectionist, overly concerned with details or order	

Additional Comments: _____

Skills Checklist - Teacher Report Form

Please complete this Skills Checklist for all subject areas of suspected disability. Bring the completed form to the Multidisciplinary Evaluation Meeting or return the completed form to: _____ by _____.

Student:

Reading (Basic Reading, Reading Comprehension, Reading Fluency) - - Student has:	
<input type="checkbox"/> Grade appropriate skills	<input type="checkbox"/> Difficulty retelling what has been read
<input type="checkbox"/> Difficulty reading grade level sight words	<input type="checkbox"/> Difficulty with retention of new vocabulary
<input type="checkbox"/> Difficulty reading common words seen in school/community	<input type="checkbox"/> Difficulty demonstrating literal comprehension of sentences/stories
<input type="checkbox"/> Difficulty when reading sentences; may frequently lose place, omit words, insert words, substitute words, guess from initial sounds, reverse words, make self-corrections	<input type="checkbox"/> Difficulty demonstrating inferential comprehension of stories and connections between stories
<input type="checkbox"/> Slow oral reading skills that may interfere with comprehension	

Additional Comments:

Written Language (Written Expression) - - Student has:	
<input type="checkbox"/> Grade appropriate skills (when compared to average)	<input type="checkbox"/> Difficulty proofreading and self-correcting work
<input type="checkbox"/> Messy and incomplete writing, with many cross-outs and erasures between letters and words, has trouble staying 'on'	<input type="checkbox"/> Poor and inconsistent spelling
<input type="checkbox"/> Uneven spacing line'	<input type="checkbox"/> Difficulty developing ideas in writing so written work is incomplete and too brief.
<input type="checkbox"/> Inaccurate copying skills (e.g., confuses similar-looking letters and numbers)	<input type="checkbox"/> Difficulty completing written assignments

Additional Comments:

Math (Math Calculation, Math Problem Solving) - - Student has:	
<input type="checkbox"/> Grade appropriate skills	<input type="checkbox"/> Difficulty with comparisons (e.g., less than, greater than)
<input type="checkbox"/> Difficulty counting by single digit numbers, 10's 100's	<input type="checkbox"/> Difficulty telling time or conceptualizing the passage of time
<input type="checkbox"/> Difficulty aligning numbers resulting in computation errors	<input type="checkbox"/> Difficulty solving word problems
<input type="checkbox"/> Difficulty estimating quantity (e.g., quantity, value)	<input type="checkbox"/> Difficulty solving facts and longer operations
<input type="checkbox"/> Difficulty interpreting / creating charts and graphs	<input type="checkbox"/> Difficulty understanding / applying measurement concepts

Additional Comments:

Language (Oral Expression, Listening Comprehension, Basic Reading - Phonemic Awareness) - - Student:	
<input type="checkbox"/> Has grade appropriate skills	<input type="checkbox"/> Has difficulty re-telling what has just been said
<input type="checkbox"/> Has difficulty modulating voice (e.g., too soft, too loud)	<input type="checkbox"/> Inserts malapropisms into conversation
<input type="checkbox"/> Difficulty naming people or objects	<input type="checkbox"/> Difficulty with pronouncing words
<input type="checkbox"/> Difficulty staying on topic	<input type="checkbox"/> Poor grammar or misuses words in conversation
<input type="checkbox"/> Has difficulty in explaining things (e.g. feelings, ideas) due to use of imprecise language and limited vocabulary	<input type="checkbox"/> Difficulty with pragmatic skills (e.g., understands the relationship between speaker and listener, staying on topic, making inferences)
<input type="checkbox"/> Has difficulty understanding instructions or directions	<input type="checkbox"/> Has slow/halting speech, using fillers (e.g., uh, you know, um)

Additional Comments:

Teacher's Signature: _____ Date: _____