

L.D. Observation for Special Education Referral

Student _____ School _____ Grade _____
Class Observed _____ Subject _____ Time/Duration of Observation _____
Observer Name _____ Title _____ Date of Observation _____

Receptive Language: When asked in age-appropriate language to follow simple directions requiring nonverbal responses, the Student was able to respond in such a way that indicated ability to understand.

Yes No Comments: _____

Expressive Language: When asked open-ended questions in age-appropriate language, the student was able to respond in language that was appropriate for his/her age in vocabulary, length and complexity of sentences, and organization of thought.

Yes No Comments: _____

Physical Functioning: During the observation, the student was observed engaging in behaviors that indicated he/she had appropriate vision, hearing and motor coordination.

Yes No Comments: _____

Learning Environment/Activity (Check all that apply)

Instructional Activity involving whole class

Small groups

Independent Activity

Other _____

Lecture

Verbal instructions

Teacher lead discussion

Student discussion

Oral presentation

Oral practice

Oral reading

Copying from board

Writing answers to questions

Written exercises/practice

Essay writing

Creative writing

Role-playing

Silent reading

Teacher Demonstration

Visual aids used

Videotape/film

Board work

Lab work

Use of manipulatives

Other: _____

Organization and Learning Behaviors

Comments:

The student's materials were: readily available

difficult to find

not present

The student began task(s): promptly, but soon lost interest

after getting settled down

only after prodding

only after teacher assistance

other: _____

The student stayed on-task: throughout the observation

more than half of the time

less than half of the time

hardly at all

The student followed instructions: readily without hesitation

with clarification

rarely

The student made transition from one activity to another: ___ easily
 ___ only w/teacher assistance
 ___ with some difficulty
 ___ other:_____

The student asked for assistance from the teacher: ___ frequently
 ___ several times
 ___ once
 ___ not observed

The student participated on:	<u>Actively</u>	<u>Passively</u>	<u>Not Observed</u>
Oral tasks	_____	_____	_____
Listening tasks	_____	_____	_____
Reading tasks	_____	_____	_____
Writing tasks	_____	_____	_____
Math tasks	_____	_____	_____

Student Response to the Class Environment (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Sat erect | <input type="checkbox"/> Assertive | <input type="checkbox"/> Appeared socially alert |
| <input type="checkbox"/> Relaxed/comfortable | <input type="checkbox"/> Confident about ability | <input type="checkbox"/> Focused on task |
| <input type="checkbox"/> Compliant | <input type="checkbox"/> Self-directed | <input type="checkbox"/> other:_____ |
| <input type="checkbox"/> Worked quickly | <input type="checkbox"/> Worked slowly | <input type="checkbox"/> Worked at moderate rate |
| <input type="checkbox"/> Disorganized | <input type="checkbox"/> Needed external structure | |
| <input type="checkbox"/> Acted/responded before thinking | <input type="checkbox"/> Excessive/random movements | |
| <input type="checkbox"/> Slumped down in chair | <input type="checkbox"/> Preoccupied/daydreaming | |
| <input type="checkbox"/> Avoided eye contact | <input type="checkbox"/> Uncertain about abilities | |
| <input type="checkbox"/> Physically isolated by choice | <input type="checkbox"/> Critical about own performance | |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Overly compliant | |
| <input type="checkbox"/> Non-compliant | <input type="checkbox"/> Passive resistant | |
| <input type="checkbox"/> Argumentative w/teacher | <input type="checkbox"/> Agitated | |
| <input type="checkbox"/> Argumentative w/peers | <input type="checkbox"/> Anxious | |
| <input type="checkbox"/> Verbally disruptive | <input type="checkbox"/> Rigid/tense | |
| <input type="checkbox"/> Critical of other's performance | <input type="checkbox"/> Excessive repetitive movement | |
| <input type="checkbox"/> Non-verbal disruptions | <input type="checkbox"/> other:_____ | |
| <input type="checkbox"/> Demands teacher attention | <input type="checkbox"/> Demands peer attention | |
| <input type="checkbox"/> Interacts well w/teacher | <input type="checkbox"/> Interacts well w/peer | |

Additional Comments:

 Signature of Observer

 Date