

STUDENT OBSERVATION FORM

THIS FORM IS COMPLETED TO EVALUATE THE ACADEMIC AND FUNCTIONAL LEVELS OF STUDENTS IN ORDER TO DETERMINE THE MOST APPROPRIATE INCLUSIVE EDUCATION PROGRAM.

Student Information

Student Name:		Index:	
Class:		Age:	
Diagnosis (if any):			

Observation Data

Reason for observation			
Date & time of observation			
Length of observation			
Class & subject			
Observation done by		Designation	

Observation

Describe the following skills/indicators during the observation.

a. Academic Skills

Reading	
Writing	
Listening and comprehension	
Speaking	
Other (specify)	

b. Learning and Participation

Student engagement	
Work completion	
Attention & focus	
Transition between activities	
Other (specify)	

c. Motor Skills

Fine motor skills	
Gross motor skills	

d. Social Skills and Emotional Regulation

Social interaction	
Emotional regulation	

e. Other Observations

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