

# INITIAL STUDENT OBSERVATION FORM

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Grade Level  PreK  K  Grade 1  Grade 2

Observer \_\_\_\_\_

Grade 3  Grade 4  Grade 5

Time Observed \_\_\_\_\_

Teacher Name \_\_\_\_\_

Morning  Afternoon

## REASON FOR OBSERVATION

Academics  Behavior  Study Skills  Organization

Social-Emotional  Peer Relationships  Check In

Briefly describe the reason for the student observation (Include relevant issue from the teacher and specific observations, if applicable) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Teacher Request

Unannounced Visit

## NOTES

Record observation notes here. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Observation Reviewed With Teacher

Extended Observation Recommended

Student Name _____	Date _____
Grade Level <input type="checkbox"/> PreK <input type="checkbox"/> K <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2	Observer _____
<input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5	Time Observed _____
Teacher Name _____	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon

### AREA OF STRENGTH

Check All That Apply

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Basic Reading Skills | <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Listening Comprehension |
| <input type="checkbox"/> Math Calculation     | <input type="checkbox"/> Math Problem Solving  | <input type="checkbox"/> Organization            |
| <input type="checkbox"/> Expressive Language  | <input type="checkbox"/> Writing Skills        | <input type="checkbox"/> Study Habits            |
| <input type="checkbox"/> Behavior/Attitude    | <input type="checkbox"/> Reading Fluency       | <input type="checkbox"/> Relationships           |

### BARRIER(S) TO SUCCESS

Check All That Apply

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Basic Reading Skills | <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Listening Comprehension |
| <input type="checkbox"/> Math Calculation     | <input type="checkbox"/> Math Problem Solving  | <input type="checkbox"/> Organization            |
| <input type="checkbox"/> Expressive Language  | <input type="checkbox"/> Writing Skills        | <input type="checkbox"/> Study Habits            |
| <input type="checkbox"/> Behavior/Attitude    | <input type="checkbox"/> Reading Fluency       | <input type="checkbox"/> Relationships           |

### REASON FOR OBSERVATION

Briefly describe the reason for the student observation (Include relevant issue from the teacher and specific observations, if applicable) \_\_\_\_\_

\_\_\_\_\_

## ACTIVITY DESCRIPTION

- Whole Class       Small Teacher-Led Group       Partner/Group Work
- Free Play       Centers       Independent Work       Other \_\_\_\_\_

Briefly describe the observed activity. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Structured       Unstructured       Transition

## CLASSROOM BEHAVIOR

Check All That Apply

### Classroom Routines

- Needs support following standard classroom routines
- Observable self-advocacy(help, etc.)
- Difficulty following novel directions when given:
- Orally
  - Written Form
  - With multiple steps

### Classroom Feedback

- Respond to positive feedback
- Respond to whole-class behavior system
- Becomes upset when given a correction or reminder
- Needs to be redirected often (more than 3-5 times per lesson)
- No observable issue with receiving typical classroom feedback

## REASON FOR OBSERVATION

Briefly describe the reason for the student observation (Include relevant issue from the teacher and specific observations, if applicable) \_\_\_\_\_

\_\_\_\_\_

# Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this student's behavior over the last six months or this school year.

Student's name .....

Male  Female

Date of birth .....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other youth, for example pencils, books, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would rather be alone than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other youth or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often offers to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

**Please turn over - there are a few more questions on the other side**

# STUDENT OBSERVATION FORM

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 <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px; vertical-align: middle;"></span>   | <input type="checkbox"/> Whole Class            | <input type="checkbox"/> Independent Work   |
| <input type="checkbox"/> Resource Classroom   | (teachers, TAs, etc.)   | <input type="checkbox"/> Small Group            | <input type="checkbox"/> Unstructured   |
| <input type="checkbox"/> Outdoors / Gym   | Number of Students <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px; vertical-align: middle;"></span> | <input type="checkbox"/> Cooperative learning   | <input type="checkbox"/> Other <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px; vertical-align: middle;"></span> |
| <input type="checkbox"/> Other <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px; vertical-align: middle;"></span> |   | <input type="checkbox"/> Individual instruction | <input type="checkbox"/> Other <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px; vertical-align: middle;"></span> |

**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 facingfront    | <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"/> separatedfromother 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):
ACADEMIC/INSTRUCTIONAL BEHAVIORS	Strength (Above Average)	Age-Appropriate (Average)	Weakness (Below Average)	
Skills related to the academic task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alternative 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 social 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

# PRACTICUM PERSONAL SKILLS EVALUATION FORM

## SOCIAL-EMOTIONAL OBSERVATION WORKSHEET RFP2018-HS001

Date:	_____
Name of Site Observation:	_____
On-Site Supervisor:	_____
Student's Name:	_____
Type of Observation:	_____
Total Hours Completed:	_____
Student's Grade Level:	_____

Please rate the student according to the following observation scale being as fair and objective as possible. The evaluation is to be shared with the teacher, parent, contracting officer and student during consultation appointments with the goal of ongoing dialogue about effective social-emotional development models that can be implemented.

- 1 = Performance is inadequate and needs marked improvement to be acceptable
- 2 = Performance is mildly unsatisfactory for the student's level and need improvement
- 3 = Performance is acceptable and expected for student's level
- 4 = Performance is above average and expected for student's level
- 5 = Performance is exceptional and expected. On task and attentive

### **SOCIAL-OBSERVATION:**

Student demonstrates **Interpersonal Social Skills:** A social skill is any competence facilitating interaction and communication with others where social rules and relations are created, communicated, and exchanged in verbal and nonverbal ways.

Ability to take initiative and perform independently	1	2	3	4	5
Self-Confidence	1	2	3	4	5
Receptiveness to Feedback	1	2	3	4	5
Body Language	1	2	3	4	5
Listening Skills	1	2	3	4	5
Ability to relate to others	1	2	3	4	5
Ability and desire to carry out suggested tasks	1	2	3	4	5
Positive Attitude	1	2	3	4	5
Classroom Etiquette	1	2	3	4	5

- 1 = Performance is inadequate and needs marked improvement to be acceptable to the training program  
 2 = Performance is mildly unsatisfactory for the student's level and need improvement  
 3 = Performance is acceptable and expected for student's level  
 4 = Performance is above average and expected of a master's level professional  
 5 = Performance is exceptional and expected of a seasoned master's level professional DK =

Don;t know; you did not have the opportunity to evaluate or observe this skill area

## **PERSONAL CHARACTERISTICS**

Student Demonstrates Intrapersonal Skills: Emotional/ Self Esteem:

Self-awareness	1	2	3	4	5
Emotional stability	1	2	3	4	5
Self-control	1	2	3	4	5
A sense of adequacy, self-worth, self-confidence	1	2	3	4	5
Accepts positive constructive criticism	1	2	3	4	5
Effective communication	1	2	3	4	5
Adaptable	1	2	3	4	5

## **SCHOOL ENVIRONMENT**

Assimilating Into School Culture:

Shows interest in school/ assignments	1	2	3	4	5
Ability to articulate ideas	1	2	3	4	5
Ability to communicate effectively	1	2	3	4	5
Ability to regulate emotions	1	2	3	4	5
Ability to control impulses	1	2	3	4	5

## **DEVELOPMENTAL**

Student Demonstrates:

Ability to listen and follow directions	1	2	3	4	5
Adheres to classroom protocols	1	2	3	4	5
Responds well to social initiation	1	2	3	4	5
Ability to solve social problems	1	2	3	4	5
Effectively Community Emotions	1	2	3	4	5
Always alert and attentive to surroundings	1	2	3	4	5
Ability to work well with others	1	2	3	4	5
Use good manners	1	2	3	4	5

- 1 = Performance is inadequate and needs marked improvement to be acceptable to the training program
- 2 = Performance is mildly unsatisfactory for the student's level and need improvement
- 3 = Performance is acceptable and expected for student's level
- 4 = Performance is above average and expected of a master's level professional
- 5 = Performance is exceptional and expected of a seasoned master's level professional DK =

Don;t know; you did not have the opportunity to evaluate or observe this skill area

**Please rate the student's overall capacity to:**

Demonstrate effective helping skills.	1	2	3	4	5
Demonstrate the ability to develop positive relationships with peers.	1	2	3	4	5
Sense of confidence and competence	1	2	3	4	5
Develop and maintain effective working relationships with staff, peers and supervisors.	1	2	3	4	5
Demonstrate openness to feedback and an ability to incorporate feedback.	1	2	3	4	5
Demonstrate openness to diversity as part of the on-going development of cultural competence.	1	2	3	4	5
Demonstrate an understanding of community referral sources and an ability to utilize community resources.	1	2	3	4	5
Demonstrate ability to identify, understand, and communicate feelings.	1	2	3	4	5
Demonstrate ability to follow directions	1	2	3	4	5

Please include any additional comments: \_\_\_\_\_

---



---



---



---



---



**NOTE:** Two options are available for practicum evaluation: **Satisfactory or Unsatisfactory.** Evaluations are based on the student's overall learning and performance. Areas of learning and performance identified as marginal and in need of improvement should be discussed with the student. If areas are identified as unsatisfactory, a plan for remediation should be discussed with the student, parent and teacher.

**SATISFACTORY**

A satisfactory evaluation indicates that the student's overall learning and performance are proceeding at the appropriate rate without significant areas for improvement.

**UNSATISFACTORY**

An unsatisfactory evaluation indicates that the student's overall learning and performance is unacceptable. An evaluation of unsatisfactory requires a narrative describing the current limitations and addressing the needed areas of improvement.

---

Practicum signature

---

Date

---

Contracting Officer Signature

---

Date