

JOHNSTON PUBLIC SCHOOLS

Special Services

DATE:

STUDENT _____	D.O.B. ____/____/____
SCHOOL _____	GRADE ____ TEACHER/COUNSELOR _____

DATE:	TIME:	OBSERVED BY:
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Describe activity:

Areas of Academic Concern:

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

Check any that apply:

<i>Describe child's appearance:</i>																	
<p><i>Level of Activity:</i></p> <input type="checkbox"/> Hyperactive <input type="checkbox"/> Appropriate <input type="checkbox"/> Lethargic/tired	<p><i>Effort/Motivation:</i></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Tries hard</td> <td><input type="checkbox"/> Hesitant to begin work</td> </tr> <tr> <td><input type="checkbox"/> Gives up easily</td> <td><input type="checkbox"/> Apathetic/indifferent</td> </tr> <tr> <td><input type="checkbox"/> Careless in work</td> <td><input type="checkbox"/> Works at reasonable pace</td> </tr> <tr> <td><input type="checkbox"/> Eager to please</td> <td><input type="checkbox"/> Works slowly</td> </tr> </table>	<input type="checkbox"/> Tries hard	<input type="checkbox"/> Hesitant to begin work	<input type="checkbox"/> Gives up easily	<input type="checkbox"/> Apathetic/indifferent	<input type="checkbox"/> Careless in work	<input type="checkbox"/> Works at reasonable pace	<input type="checkbox"/> Eager to please	<input type="checkbox"/> Works slowly								
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<p><i>Attention:</i></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Listens to instructions</td> <td><input type="checkbox"/> Does <i>not</i> understand directions</td> </tr> <tr> <td><input type="checkbox"/> Understands directions</td> <td><input type="checkbox"/> Easily distracted</td> </tr> <tr> <td><input type="checkbox"/> Able to stay on task</td> <td><input type="checkbox"/> Able to work independently</td> </tr> <tr> <td><input type="checkbox"/> Begins work</td> <td><input type="checkbox"/> Does not understand concepts presented</td> </tr> </table>	<input type="checkbox"/> Listens to instructions	<input type="checkbox"/> Does <i>not</i> understand directions	<input type="checkbox"/> Understands directions	<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Able to stay on task	<input type="checkbox"/> Able to work independently	<input type="checkbox"/> Begins work	<input type="checkbox"/> Does not understand concepts presented	<p><i>Relationship with peers:</i></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Works/plays alone</td> <td><input type="checkbox"/> Participates in group activities</td> </tr> <tr> <td><input type="checkbox"/> Interacts well with others</td> <td><input type="checkbox"/> Avoids peer interaction</td> </tr> <tr> <td><input type="checkbox"/> Initiates social interaction</td> <td><input type="checkbox"/> Waits for others to initiate</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Hitting, poking, distracting peers</td> </tr> </table>	<input type="checkbox"/> Works/plays alone	<input type="checkbox"/> Participates in group activities	<input type="checkbox"/> Interacts well with others	<input type="checkbox"/> Avoids peer interaction	<input type="checkbox"/> Initiates social interaction	<input type="checkbox"/> Waits for others to initiate	<input type="checkbox"/> Hitting, poking, distracting peers	
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Describe how the observed behavior(s) relate to the area(s) of difficulty:

N.B. A Student Observation form *must* be completed as part of the process for identifying a student with a specific learning disability.