

## Observation Form for Specific Learning Disabilities

Student Name:	Grade:	Date:
Observer:	Teacher:	
Activity:	Time:	

**AREAS OF ACADEMIC CONCERN:**

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

**NOTES**

Level Of Activity

- Hyperactivity
- Appropriate
- Lethargic/ Tired

Attention

- Listens to instructions
- Understands directions
- Doesn't understand directions
- Able to stay on task
- Easily distracted
- Begins work
- Able to work independently
- Understands concepts
- Doesn't understand concepts

Relationship With Teacher

- Cooperative
- Withdrawn
- Seeks attention
- Needs individual attention
- Refuses to follow instructions

Effort/ Motivation

- Tries hard
- Gives up easily
- Careless in work
- Eager to please
- Hesitant to begin working
- Apathetic/ indifferent
- Works at a reasonable pace
- Works slowly

Relationship With Peers

- Works/ plays alone
- Participates in group activities
- Interacts well with others
- Hitting/poking/distracting peers
- Initiates social interaction
- Waits for others to initiate
- Avoids peer interaction

Temperament

- Happy
- Depressed/ withdrawn
- Angry/ hostile
- Anxious
- Daydreams
- Confused
- Easily upset

Describe how the observed behaviors relate to the area(s) of difficulty: