



## Checklist for Student Observation

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_  
School Site: \_\_\_\_\_ District of Attendance: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Contact No: \_\_\_\_\_

Please complete only the section(s) below appropriate to the referral.

#### Auditory

- |  |  |
|--|--|
| <input type="checkbox"/> Unable to hear the similarities in the initial sounds of words  | <input type="checkbox"/> Unable to name verbal opposites or complete analogies           |
| <input type="checkbox"/> Unable to break a word into syllables or into individual sounds | <input type="checkbox"/> Inadequate recall of spoken language                            |
| <input type="checkbox"/> Unable to recognize rhyming words                               | <input type="checkbox"/> Unable to remember a sequence of commands when given directions |
| <input type="checkbox"/> Unable to combine parts of words to form a whole word           |  |

#### Visual

- |   |  |
|---|--|
| <input type="checkbox"/> Cannot match simple forms  | <input type="checkbox"/> Places head close to book or desk when reading or writing |
| <input type="checkbox"/> Unable to discriminate parts from the whole (i.e., confuse beg with bog) | <input type="checkbox"/> Unable to copy words or numbers from the chalkboard       |
| <input type="checkbox"/> Reversal tendencies (i.e., confuse dig with big)                         | <input type="checkbox"/> Unable to discriminate between colors                     |
| <input type="checkbox"/> Inversion tendencies (i.e., confuse "u" with "n")                        | <input type="checkbox"/> Inadequate recall of written language                     |
| <input type="checkbox"/> Thrusts head forward/backward while looking at distant objects           | <input type="checkbox"/> Can read a word but cannot remember how to write it       |
| <input type="checkbox"/> Moves head rather than eyes when reading                                 | <input type="checkbox"/> Cannot keep place on a page                               |

#### Language

- |   |   |
|---|---|
| <input type="checkbox"/> Unable to understand prepositions: under, beside, around, on, etc. | <input type="checkbox"/> Takes a long time before speaking and pauses often during conversation |
| <input type="checkbox"/> Poor pronunciation of words  | <input type="checkbox"/> Responds only with single words and/or sentence fragments              |
| <input type="checkbox"/> Has a limited vocabulary   | <input type="checkbox"/> Always vague or confused about things                                  |
| <input type="checkbox"/> Speaks poor English (i.e., grammar)                                |   |

#### Conceptual

- |  |  |
|--|--|
| <input type="checkbox"/> Rate of processing information appears slow   | <input type="checkbox"/> Unable to look at groups of objects and tell which has the greater amount |
| <input type="checkbox"/> Rate of perception is slow (i.e., knows answer but response is slow)                            | <input type="checkbox"/> Does not understand coin value  |
| <input type="checkbox"/> A symbol learned in one form will look different when presented in another form, size, or color | <input type="checkbox"/> Has to use fingers to add or subtract                                     |
| <input type="checkbox"/> Has difficulty with puzzles or abstract problem solving   | <input type="checkbox"/> Has poor retention  |
| <input type="checkbox"/> Unable to tell time or acquire sense of time  | <input type="checkbox"/> Cannot classify or organize things into simple categories                 |
| <input type="checkbox"/> Unable to distinguish differences in shapes and sizes   |  |

#### Motor

- |   |   |
|---|---|
| <input type="checkbox"/> Always on the move   | <input type="checkbox"/> Cannot accurately throw or catch a ball                    |
| <input type="checkbox"/> Manuscript or cursive handwriting appears to be difficult  | <input type="checkbox"/> Trembles or shakes   |
| <input type="checkbox"/> Cannot follow a rhythm pattern   | <input type="checkbox"/> Rocks or rotates body excessively                          |
| <input type="checkbox"/> Does not appear to have a dominant hand  | <input type="checkbox"/> Inappropriate facial, hand, or body gestures when speaking |
| <input type="checkbox"/> Walks or runs in a peculiar manner (i.e., trips over, bumps into things, knocks things over, etc.) |   |

#### Work Habits

- |   |  |
|---|--|
| <input type="checkbox"/> Does not follow directions | <input type="checkbox"/> Paperwork is excessively messy                                  |
| <input type="checkbox"/> Easily distracted          | <input type="checkbox"/> Is disorganized and inattentive                                 |
| <input type="checkbox"/> Gives up before starting   | <input type="checkbox"/> Demands a lot of teacher attention (i.e., pestering)            |
| <input type="checkbox"/> Seldom completes work      | <input type="checkbox"/> Resists new learning tasks (i.e., rather be punished than fail) |

#### Personal Behavior Patterns

- |  |  |
|--|--|
| <input type="checkbox"/> Habitually moves lips without speaking or whispers to himself/herself | <input type="checkbox"/> Changes moods easily and frequently       |
| <input type="checkbox"/> Excessive nail biting, thumb sucking                                  | <input type="checkbox"/> Takes things that don't belong to him/her |
| <input type="checkbox"/> Feelings are easily hurt  | <input type="checkbox"/> Resorts to temper tantrums to get own way |

**Checklist for Student Observation (continued)**

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

Date of Birth: \_\_\_\_\_

**Personal Behavior Patterns (continued)**

- |  |   |
|--|---|
| <input type="checkbox"/> Uncommunicative, non-responsive                                   | <input type="checkbox"/> Pouts and sulks often                          |
| <input type="checkbox"/> Undependable, unreliable  | <input type="checkbox"/> Tries to isolate, withdraws, daydreams         |
| <input type="checkbox"/> Impulsive   | <input type="checkbox"/> Shy and timid                                  |
| <input type="checkbox"/> Generally unhappy or depressed                                    | <input type="checkbox"/> Talks out or shouts without permission         |
| <input type="checkbox"/> Aggressive  | <input type="checkbox"/> Makes meaningless or animal noises             |
| <input type="checkbox"/> Unable to anticipate consequences of own behavior                 | <input type="checkbox"/> Damages or destroys things                     |
| <input type="checkbox"/> Has poor relations with peers                                     | <input type="checkbox"/> Complains of mistreatment                      |
| <input type="checkbox"/> Cannot establish good relationships with adults                   | <input type="checkbox"/> Manipulates others into inappropriate behavior |
| <input type="checkbox"/> Frequently disobeys in a hostile manner                           | <input type="checkbox"/> Exaggerated sense of capabilities              |
| <input type="checkbox"/> Frequently disobeys in a passive manner (i.e., ignores authority) | <input type="checkbox"/> Cries easily and often                         |
| <input type="checkbox"/> Appears tense or anxious  | <input type="checkbox"/> Avoids or resists physical contact             |

**General Description**

- |  |  |
|--|--|
| <input type="checkbox"/> Physically small or large for age (circle one)                  | <input type="checkbox"/> Poor personal hygiene                                     |
| <input type="checkbox"/> Prefers activities normal to younger children                   | <input type="checkbox"/> Grade poorer than apparent ability                        |
| <input type="checkbox"/> Appears to be sick all the time                                 | <input type="checkbox"/> Lacks average muscular strength to perform physical tasks |
| <input type="checkbox"/> Appears to be sleepy and/or listless                            | <input type="checkbox"/> Is easily out of breath, lacks stamina                    |
| <input type="checkbox"/> Poor attendance (i.e., absent on the average of one day a week) |  |

**Brief Narrative Summary**

Describe the location of observed behavior: