

SPECIAL EDUCATION DEPARTMENT
Wenatchee School District

OBSERVATION OF STUDENT

Student: _____ D.B. _____ Age: _____ M F

Time/date(s)/place of observation: _____

Class size/seating position/subject/etc. _____

Behaviors Observed:

- Reverses letters/numbers/words when reading or writing. Y N
- Difficulty pronouncing sounds of letters/words. Y N
- Difficulty comprehending what he/she has read. Y N
- Loses place easily while reading. Y N
- Becomes confused in number processes. Y N
- Slow to finish or does not complete work. Y N
- Poor eye-hand coordination. Y N
- Difficulty in copying. Y N
- Difficulty spelling/writing words that can be read with ease. Y N
- Indications of directional confusion (confuses left with right side of paper, eye
Movements indicate a right to left pattern of reading, etc.) Y N
- Has trouble organizing work. Y N
- Difficulty expressing self. Y N
- Classroom comments are often off track. Y N
- Thoughts seem confused. Y N
- Difficulty staying on task, short attention span. Y N
- High activity level/overactive/doesn't sit still or stay in seat. Y N
- Upset by changes in routine. Y N
- Difficulty following oral or written instructions. Y N
- Complies with requests. Y N
- Works independently. Y N
- Seeks assistance appropriately. Y N
- Participates in class activities or discussions (large group/small group). Y N

Comments: _____

Signature & Title of Observer