

Directions:

- | | | | |
|-------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Unable to follow directions. | <input type="checkbox"/> Needs individual help to follow directions. | <input type="checkbox"/> Occasionally needs to have directions repeated. | <input type="checkbox"/> Understands and follows directions well for age and grade. |
|-------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

Comments: _____

Behavior:

- | | | | | |
|---------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Highly disruptive. | <input type="checkbox"/> Disturbs other students. | <input type="checkbox"/> Off task interacts with other students inappropriately. | <input type="checkbox"/> Appears average for age and grade. | <input type="checkbox"/> Withdrawn does not seem to interact with classmates. |
|---------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------|

Comments: _____

Please comment on the following questions. Mark "N/O" if there is no opportunity to observe.

- 1) Does student ask for help when needed?

- 2) Does student participate in class activities? Volunteers information - answers questions, etc ?

- 3) Does student come to class prepared?

- 4) How does student react to correction or to difficult task?

- 5) Does this student's behavior appear to vary with the length of difficulty of the task?

Additional comments: _____

(Signed) _____ (Date)

(Position)

**** This is to be completed by the Principal or his/her designee other than the Special Education teacher**