

**SYSTEMATIC OBSERVATION OF STUDENT PERFORMANCE  
(To be used in the determination of a specific learning disability)**

**Child:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Day of Week:** \_\_\_\_\_ **Observed by: \*** \_\_\_\_\_  
(Signature)

**Time of Day:** \_\_\_\_\_ **to** \_\_\_\_\_ **Total Time:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
(Certified personnel with exception of student's teacher)

**Class Type:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**A. Describe environment of the classroom (e.g., seating arrangement, type of classroom -- open, regular, portable -- diagram on back if necessary)**

- |                          |                          |   |                          |                          |                |
|--------------------------|--------------------------|---|--------------------------|--------------------------|----------------|
| <b>Yes</b>               | <b>No</b>                |   | <b>Yes</b>               | <b>No</b>                |                |
| <input type="checkbox"/> | <input type="checkbox"/> | Quiet   | <input type="checkbox"/> | <input type="checkbox"/> | Well lit       |
| <input type="checkbox"/> | <input type="checkbox"/> | Orderly   | <input type="checkbox"/> | <input type="checkbox"/> | Good acoustics |
| <input type="checkbox"/> | <input type="checkbox"/> | Appropriate temperature                                 | <input type="checkbox"/> | <input type="checkbox"/> | Other          |
| <input type="checkbox"/> | <input type="checkbox"/> | Appropriate size for number of students (# _____)       |                          |                          |                |
| <input type="checkbox"/> | <input type="checkbox"/> | Frequent distraction (e.g., intercom, hall noise, etc.) |                          |                          |                |

**B. Identify student's relevant behavior:**

- |                          |                          |   |                          |                          |   |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| <b>Yes</b>               | <b>No</b>                |   | <b>Yes</b>               | <b>No</b>                |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Student actively working                      | <input type="checkbox"/> | <input type="checkbox"/> | Student asked for feedback              |
| <input type="checkbox"/> | <input type="checkbox"/> | Student on appropriate task                   | <input type="checkbox"/> | <input type="checkbox"/> | Student interacts with peers            |
| <input type="checkbox"/> | <input type="checkbox"/> | Student appears organized                     | <input type="checkbox"/> | <input type="checkbox"/> | Student is easily distracted            |
| <input type="checkbox"/> | <input type="checkbox"/> | Student follows directions (written and oral) | <input type="checkbox"/> | <input type="checkbox"/> | Student gives appropriate responses     |
| <input type="checkbox"/> | <input type="checkbox"/> | Student behavior appropriate                  | <input type="checkbox"/> | <input type="checkbox"/> | Student activity level is appropriate   |
| <input type="checkbox"/> | <input type="checkbox"/> | Student attitude appropriate                  | <input type="checkbox"/> | <input type="checkbox"/> | Student responds to cues or visual aids |
| <input type="checkbox"/> | <input type="checkbox"/> | Student accepted feedback                     | <input type="checkbox"/> | <input type="checkbox"/> | Other _____                             |

**C. Relationship of Behavior in the areas of difficulty to Academic Functioning**

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**D. Modifications noted in the classroom and outcomes "+" for success, "-" not successful, "0" no effect, "n/o" not observed.**

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|--|--------------------------------------|------------------------------------|
| _____ 1. Leave class for resource assistance | _____ 11. Assignment notebooks       | _____ 21. Concrete reinforcers     |
| _____ 2. Oral tests                          | _____ 12. Study sheets               | _____ 22. Positive reinforcers     |
| _____ 3. Short answer tests                  | _____ 13. Repeated review/drill      | _____ 23. Behavior check cards     |
| _____ 4. Modified tests                      | _____ 14. Reduce pencil/paper tasks  | _____ 24. Special equipment        |
| _____ 5. Taped tests                         | _____ 15. Calculators                | _____ 25. Peer tutoring            |
| _____ 6. Highlighted texts                   | _____ 16. Preferential seating       | _____ 26. Behavior Management plan |
| _____ 7. Taping lectures                     | _____ 17. Sign language interpreters | _____ 27. Other pull-out program   |
| _____ 8. Note-taking assistance              | _____ 18. Frequent breaks            | _____ 28. Other _____              |
| _____ 9. Extended time for assignments       | _____ 19. Defined limits             |                                    |
| _____ 10. Shortened assignments              | _____ 20. Cooling off period         |                                    |

\* This observation must be conducted by an evaluation committee member other than the student's regular classroom teacher.