

Elementary/Adolescent Student Observation Form

Teacher Observing: _____ Date: _____

Child's Name: _____ Date of Birth/Age: _____

Program Applying For: _____

Teacher, please rate the characteristics you observe; leave blank those you do not observe. At the end, add any additional observations and make recommendations.

1: Not Evident

2: Somewhat Evident

3: Evident

4: Very Evident

	Rating	Notes/Comments
Positive reaction to new setting	_____	_____
Willing to leave parent & work w/ teacher	_____	_____
Positive Interactions w/ teachers	_____	_____
Positive interaction w/ other children	_____	_____
Attends well during lessons	_____	_____
Understands & follows directions	_____	_____
Complete tasks within appropriate time	_____	_____
Requires structure/support to complete tasks	_____	_____
Handles material carefully & appropriately	_____	_____
Transitions smoothly between activities	_____	_____
Works well in small/large group activities	_____	_____
Uses bathroom appropriately/independently	_____	_____
Communicates ideas clearly	_____	_____
Speech is clear and understandable	_____	_____
Cooperates/ complies w/ teacher requests	_____	_____
Exhibits impulsive behavior	_____	_____
Shows aggressive tendencies	_____	_____
Quickly frustrated/gives up	_____	_____
Appears disorganized/messy/careless	_____	_____
Plays well on playground	_____	_____
Participates appropriately in special activities	_____	_____
Shows independence	_____	_____

Other Observations: _____

Recommendations: _____