

Primary Student Observation Form

Teacher Observing: _____ Date: _____

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

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
Willing to separate from parent	_____	_____
Willing to go to classroom w/ teacher	_____	_____
Positive reaction to classroom	_____	_____
Attends/Focuses	_____	_____
Seems animated	_____	_____
Understands and follows directions	_____	_____
Completes tasks	_____	_____
Speech is clear	_____	_____
Speaks in sentences	_____	_____
Makes eye contact	_____	_____
Behaves calmly	_____	_____
Seems able to think before acting	_____	_____
Shows peace & gentleness	_____	_____
Shows confidence when trying to work	_____	_____
Shows independence	_____	_____
Seems even tempered	_____	_____
Can be comforted	_____	_____
Demonstrates positive social skills	_____	_____
Demonstrates some practical life skills	_____	_____
Demonstrates some sensorial skills	_____	_____
Demonstrates some language skills	_____	_____
Demonstrates some math skills	_____	_____
Demonstrates some cultural skills	_____	_____
Seems toilet trained	_____	_____

Other Observations: _____

Recommendations: _____