



Systematic Observation/Interview Worksheet: For SMI Qualification Under Categories of PI and DCD

Student's Name	<input type="text"/>	DOB	<input type="text"/>	School	<input type="text"/>
Medical Diagnosis (of a Physical Impairment)	<input type="text"/>				
Physician Date of Diagnosis	<input type="text"/>				
Interview Date(s)	<input type="text"/>	Observation Date(s)	<input type="text"/>		
Individual(s) Interviewed	<input type="text"/>	Observation Setting(s)	<input type="text"/>		
Completed by	<input type="text"/>	Completed by	<input type="text"/>		
Title	<input type="text"/>	Title	<input type="text"/>		

Information must be gathered from both **Interview (I)** and **Observation (O)**

For each item place the appropriate number in the Interview (I) or Observation (O) box:

- 1 Can do with accommodations/assistive technology
- 2 Physically unable to do
- 3 Non-verbal completion/direction of task (through eye gaze, eye movement, etc.)
- 4 Due to impact from medical diagnosis, student is unable to initiate/complete task

The documentation should include descriptive, narrative examples of the educational concern and list any current accommodations.

PHYSICAL ABILITY

(Document significant discrepancies from peers)

- I O
- I O *Limited physical strength* resulting in decreased capacity to perform school activities
- I O *Limited endurance* resulting in decreased stamina and decreased ability to maintain performance
- I O Level of pain results in decreased ability to perform or maintain performance

Comments/examples:

Current accommodations:



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ALERTNESS

Heightened or diminished alertness resulting in impaired abilities
(Document significant discrepancies from peers)

- I O
- Prioritizing environmental stimuli
- Maintaining focus/sustaining effort
- Accuracy of completed task

Comments/examples:

Current accommodations:

ORGANIZATION SKILLS

(Document significant discrepancies from peers)

If this is an area of concern, complete the Organizational and Independent Work Skills/Motor Skills Checklist or other appropriate systematic observation tools.

- I O
- Materials (manages backpack, folders, work space)
- Written work
- Thoughts (tells thoughts or stories sequentially and stays on topic)

Comments/examples:

Current accommodations:



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WORK COMPLETION WITHIN ROUTINE TIMELINES

(Document significant discrepancies from peers)

- | I | O | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Self-initiates (ability to independently begin a task) |
| <input type="checkbox"/> | <input type="checkbox"/> | Displays on-task behaviors (ability to continue working on a task) |
| <input type="checkbox"/> | <input type="checkbox"/> | Follows directions (can follow directions given to the entire class without individual assistance) |
| <input type="checkbox"/> | <input type="checkbox"/> | Participates in group activities |
| <input type="checkbox"/> | <input type="checkbox"/> | Work completion (unassisted, adult assisted, peer assisted) |

Comments/examples:

Current accommodations:

INDEPENDENCE

(Document significant discrepancies from peers)

- | I | O | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Movement through school environment (gets to destination without requiring additional support) |
| <input type="checkbox"/> | <input type="checkbox"/> | Can manage self-care activities (manages dressing, using the bathroom, eating in the lunchroom, etc. without assistance) |
| <input type="checkbox"/> | <input type="checkbox"/> | Motoric management of materials (uses computer, books, notes, pencil, scissors, desk, locker) |
| <input type="checkbox"/> | <input type="checkbox"/> | Level of self-advocacy (requests help, can tell others about disability and needed accommodations/modifications) |

Comments/examples:

Current accommodations:



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LEVEL OF PARTICIPATION WITH ASSISTIVE TECHNOLOGY

(Daily classroom performance in relation to peers)

- I O
- Initiates participation in class/group activities
- Hand-over-hand
- Independent
- Eye gaze

OR

- Yes/no (document how students indicates yes/no)
- Degree of affect

Comments/examples:

Current accommodations:

LEVEL OF PARTICIPATION IN CLASS

(Do others include student and interact appropriately?)

- I O
- Student with peers: (Does the student initiate and interact?)
- Peers with student: (Do others include student and interact?)

Comments/examples:



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Current accommodations:

BEHAVIORS RELATED TO DISABILITY

(Document significant discrepancies from peers)

- I O
- Distracting to self or others
- Impulsive behavior

Comments/examples:

Current accommodations:

MAIN STRENGTHS (List)

- I O
- Parents:

- General education teacher/other staff:

MAIN CONCERNS (List)

- I O
- Parents:

- General education teacher/other staff:



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RELATED MEDICAL ISSUES OR CONCERNS:

Do you feel the general education teachers and/or students need more training in understanding students with multiple or complex impairments? (e.g., in-service to classmates and/or teachers)

OTHER AREAS TO CONSIDER: (Medical records reviewed and updated?)

Visually Impaired

Deaf/Hearing Impaired

Other:

ADDITIONAL COMMENTS:

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