



Systematic Observation Tool for Physically Impaired Students Template #1

Student: Grade: Date: School:
Evaluation (select one) Initial Evaluation Re-Evaluation
Teacher: Setting: Teacher/Pupil Ratio:
Observation by: Medical Diagnosis:
Areas of Concern:

OBSERVED BEHAVIOR: **I = Independent** **A = Needs Assistance**

Organization/Planning Skills:

- | I | A |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Identifies needed materials/ supplies |
| <input type="checkbox"/> | <input type="checkbox"/> Accesses materials |
| <input type="checkbox"/> | <input type="checkbox"/> Organizes needed materials within work space |
| <input type="checkbox"/> | <input type="checkbox"/> Effective use of planner and/or assistive technology tools |
| <input type="checkbox"/> | <input type="checkbox"/> Locates/turns to correct page in book |
| <input type="checkbox"/> | <input type="checkbox"/> Stabilizes paper when writing |
| <input type="checkbox"/> | <input type="checkbox"/> Writing is legible and organized sequentially |

Comments:

Work Completion:

- | I | A |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Listens to and follow directions |
| <input type="checkbox"/> | <input type="checkbox"/> Initiates work |
| <input type="checkbox"/> | <input type="checkbox"/> Maintains attention to task |
| <input type="checkbox"/> | <input type="checkbox"/> Knows when work is completed; checks for missing items |
| <input type="checkbox"/> | <input type="checkbox"/> Keeps track of assignments |
| <input type="checkbox"/> | <input type="checkbox"/> Completes class work and turns in on time |
| <input type="checkbox"/> | <input type="checkbox"/> Brings incomplete work home |
| <input type="checkbox"/> | <input type="checkbox"/> Returns completed homework to school in a timely manner |

Comments:

The contents of these resource materials do not necessarily represent the policy of the federal Department of Education or the state Department of Education, and you should not assume endorsement by the federal or state government. Funding for this event is made possible with a grant from the MN Department of Education. The source of the funds is federal award Special Education – Programs to States, CFDA 84.027A.



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Independence/ Self –Advocacy:

I A

- Manages materials (e.g., books, pencils, scissors, desk, locker, etc)
- Accesses computer; opens program, completes work/saves/prints
- Manages self-care activities (clothing/ restroom/ lunchroom)
- Requests help if needed
- Able to tell others about his/her disability
- Able to tell others about any needed accommodations

Comments:

Peer Interaction/ Behavior:

I A

- Seeks out and participates in group activities
- Initiates and interacts with peers appropriately
- Displays appropriate social behaviors in a variety of settings

Comments:

Classroom Environment: (e.g., access and/or mobility issues, chair/desk positioning, placement in classroom, etc.)

Comments:

Modifications/Adaptations: (e.g., assistive technology; adapted equipment, classroom materials, etc.)

Comments:



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Summary/additional comments:

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