



Systematic Observation Tool for Physically Impaired Students Template #2

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

I	A	Organization/ Planning Skills:	NOTES:
<input type="checkbox"/>	<input type="checkbox"/>	Determines needed materials/supplies	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Accesses materials	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Organizes materials w/in work space	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Effective use of planner or technology	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Locates/turns to correct page in book	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Stabilizes paper when writing	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Is able to write/writing is legible	<input type="text"/>
I	A	Work Completion:	NOTES:
<input type="checkbox"/>	<input type="checkbox"/>	Listens to and follow directions	<input type="text"/>

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I	A	Work Completion: <i>continued</i>	NOTES:
<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 back to school on time	
I	A	Independence/ Self –Advocacy:	NOTES:
<input type="checkbox"/>	<input type="checkbox"/>	Manages materials (books, pencils, scissors, desk, locker)	
<input type="checkbox"/>	<input type="checkbox"/>	Accesses computer/opens program/completes work/saves/prints	
<input type="checkbox"/>	<input type="checkbox"/>	Manages self-care activities (clothing/ bathroom/lunchroom)	
<input type="checkbox"/>	<input type="checkbox"/>	Requests help if needed	
<input type="checkbox"/>	<input type="checkbox"/>	Able to tell others about his/her disability	
<input type="checkbox"/>	<input type="checkbox"/>	Able to tell others about any needed accommodations	

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I	A	Peer Interaction/ Behavior:	NOTES:
<input type="checkbox"/>	<input type="checkbox"/>	Participates equally in group activities	
<input type="checkbox"/>	<input type="checkbox"/>	Initiates and interacts with peers appropriately	
<input type="checkbox"/>	<input type="checkbox"/>	Appropriate classroom behavior	
		Classroom Environment:	NOTES:
		Manages mobility in room/student position in desk & placement in classroom/learning style/ knowledge of observer	
		Modifications/ Adaptations Observed:	NOTES:
		(e.g., standard /modified keyboard or mouse; adapted chair/seating/equipment, pencils/ scissors, etc.)	

Summary:

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