

<b>Student Name:</b>		<b>Student #:</b>		<b>Date:</b>
<b>Subject/Course:</b>	<b>Setting:</b>	<b>Duration:</b>	<b>Grade:</b>	<b>School:</b>

**COMPARISON OF PERFORMANCE:**

Compare this student's performance with that of the majority of other students in the classroom – Check for each category

	Less	Same as	More
Focus and attention span			
Activity level			
Demonstration of interest/engagement			
Difficulty/frustration with content			
Emotional/social maturity			
Other: (specify)			

**STYLE OF LEARNING**

Which style of learning seems to benefit the student? (Check all that apply)

Visual    
  Auditory    
  Kinesthetic    
  Other: \_\_\_\_\_

**IN THIS CLASSROOM:**

How much movement/activity is allowed?

How much talking/noise is tolerated?

**STUDENT BEHAVIOR:**

<b>This student: (Answer every question)</b>	Always	Sometimes	Never	Not observed
Performs with the group				
Voluntarily participates in activities				
Follows written instructions				
Follows oral instructions				
Attends class regularly				
Arrives to school/class on time				
Interacts with peers appropriately				
Appears prepared and organized				
Starts task in timely manner				
Completes assignments				
Responds appropriately to correction				
Shows independence				
Completes homework				

Potential Reinforcers: (i.e., verbal praise, tangibles, computer time, etc.)

Based on student observations, check area(s) of concern:

Behavior    
  Academic skills    
  Attendance    
  Developmental    
  Motor skills  
 Other (describe): \_\_\_\_\_

**STUDENT STRENGTHS/COMMENTS:** (What strengths observed in this student could be used in designing interventions?) Attach additional documentation if needed.

How did the student's observable behavior impact their academic functioning?

Teacher Signature:

Printed Name:

Date: