



Speech • Language • Social Learning

### Teacher Observation Form

Please ask your child’s teachers and other professionals who work with your child to complete this form. Information from as many teachers/professionals as possible is helpful.

Date \_\_\_\_\_ Name of Teacher \_\_\_\_\_ School \_\_\_\_\_

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Please mark how the student does in the following areas.

Skill	Excels	Within norm	Concern	N/A	Comments
Reading comprehension					
Reading decoding					
Writing expression					
Handwriting					
Transitions					
Organizational Skills					
Social Skills					
Participating in a small work group					
Participating in a large work group					



Please rate the student's performance on a scale of 1–5 (1=poor; 5=excellent).

Eye contact	_____	Conversation	_____
Reading facial expressions and emotions	_____	Impulsivity	_____
Controlling emotions	_____	Asking for help	_____
Listening/Attention	_____	General behavior	_____
Friendship/Play	_____	Able to tell a story	_____

**General**

What social/emotional challenges do you predict in the future for this student?

How would this student's peers describe him/her?

Does this student show signs of low self-esteem, anxiety, or depression?

Please feel free to use this space to provide any additional information that would describe this student's social and school performance.

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