

LEARNING DISABILITIES OBSERVATION REPORT

Student _____ Grade _____ Date _____
School _____ Observer _____ Time _____
Subject _____ Area of suspected deficit _____

ENVIRONMENT

- | | |
|---|--|
| <input type="checkbox"/> Teacher-directed lesson, small group | <input type="checkbox"/> Watching demonstration/visual input |
| <input type="checkbox"/> Independent practice | <input type="checkbox"/> Listening to auditory input |
| <input type="checkbox"/> Teacher-directed lesson, whole class | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Small group cooperative work | <input type="checkbox"/> Other: _____ |

General description of classroom environment:

TASK DEMANDS Expected Performance (What is the task the students are asked to do and time parameters?)

BEHAVIOR Target student's performance. (What is this student doing?)

ACHIEVEMENT How well did this student achieve the expected performance or outcome?

RELATIONSHIP TO ACADEMIC FUNCTIONING* (How did his behavior affect his performance?)

Attach to LD Team Report