

# Teacher Observation Form

**C O N F I D E N T I A L**

*The purpose of this observation form is to gather information about students exhibiting academic and/or behavioral problems. Complete the form by checking as many areas as appropriate. Comments are optional, but helpful. When complete, please return this to the SAP coordinator in a confidential envelope or hand deliver.*

**Student:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Team:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Form Completed by:** \_\_\_\_\_

**Please check the patterns of behavior you have observed.**

## **I. Academic Performance**

**Comments** *(optional, but helpful)*

- Decline in quality of work
- Decline in grade earned
- Incomplete work
- Work not handed in
- Failing in this subject
- Lack of class participation
- Erratic academic performance
- Loss of interest in grades or achievement
- Does not bring class materials (book, etc.) on a regular basis

## **II. Classroom Conduct**

**Comments** *(optional, but helpful)*

- Disruptive in class
- Inattentive
- Lack of concentration
- Lack of motivation
- Sleeping in class
- Impaired memory
- Negative attitude
- Tardiness to class
- Disturbs others
- Frequently needs discipline
- Cheating
- Fighting
- Defiance of authority
- Verbally abusive
- Obscene language, gestures
- Sudden outbursts of temper
- Vandalism
- Frequent absences from school

### III. Physical Conditions

Comments *(optional, but helpful)*

- Poor hygiene
- Neglect of personal appearance
- Eyes often bloodshot, dull
- Nervous, agitated
- Frequent visits to nurse
- Frequent visits to restroom
- Frequent physical injuries, bruises

### IV. Other Behavior

Comments *(optional, but helpful)*

- Erratic behavior day-to-day
- Change in friends and/or peer group
- Sudden, unexplained popularity
- Mood swings
- Seeks constant adult contact
- Apparent changes in personal values
- Depression
- Defensiveness
- Withdrawal; a loner; separateness from others
- Other: (specify)

### V. Specific Concerns

Comments *(optional, but helpful)*

- Difficulty in accepting mistakes
- Talks freely about drug/alcohol use;
- Associates with known drug users
- Talks about home problems
- Has run away
- Talks constantly of parties
- Lives w/ someone who is chronically ill
- Friend or relative has died
- Has difficulty making friends
- Alcohol or other drug problems in the family
- Other students talk about this student's abuse of alcohol and/or other drugs

**STRENGTHS:**

**Comments** *(optional, but helpful)*

- Self-motivated
- Displays sense of humor
- Has creative outlets(s)
- Asks for assistance
- Shows integrity
- Stands up to peer pressure
- Responsible for self
- Thinks before acting
- Sound decision-making skills
- Empathic or sensitive
- Respects cultural differences
- Resolves conflict peacefully
- Tolerates change
- High self-esteem

**Student’s interests:**

**What actions have you already taken in an attempt to correct any behaviors that are of concern? Check as many as appropriate.**

**Comments** *(optional, but helpful)*

- Shared concern with student
- Modification of instruction
- Guidance Counselor contact
- Parent contact: date of contact
- Nurse contact
- Other: please be specific

**Describe interventions you have tried:** *(If you filled out the initial referral form, you may skip this step)*

Date	Date	Date	Date	Date	Date
Type <input type="checkbox"/> academic <input type="checkbox"/> behavioral	Type <input type="checkbox"/> academic <input type="checkbox"/> behavioral	Type <input type="checkbox"/> academic <input type="checkbox"/> behavioral	Type <input type="checkbox"/> academic <input type="checkbox"/> behavioral	Type <input type="checkbox"/> academic <input type="checkbox"/> behavioral	Type <input type="checkbox"/> academic <input type="checkbox"/> behavioral
Summary	Summary	Summary	Summary	Summary	Summary
Result	Result	Result	Result	Result	Result

**Thank you for your time and concern for this student. You will receive updates when available.**