

OBSERVATION

Student: _____ Date: _____

Location: _____ Time: _____

1. Describe how referral behavior/learning concerns/ speech language patterns, etc. were reflected by student during this observation?

2. Were there other relevant issues noted during the observation?

3. How were this child's behaviors/learning style/ speech/ language patterns, etc. markedly different from that of his/her peers?

4. Describe the ADVERSE EFFECT of this child's behavior/learning issues/speech/language patterns, etc. on his/her ability to benefit from regular education.

5. Educational recommendations for consideration:

All decisions are made at Education Team Meetings.

Date Classroom Observation sent/given to parents/guardian: _____ by:

Kearsarge Regional School District
114 Cougar Court
New London, NH 03257

Observation