

Student Observation Form

Student Name: _____ Grade: _____ Room/Subject: _____

Name of Person Completing Form: _____ Date: _____

Relationship with Student (circle): Teacher | Parent/Guard | Admin | Couns | Nurse | Supp. Staff | Other
 Please Check All That Apply:

Student Strengths

Academic/Behavioral Concerns

Goal Directed	Cooperates Well	Grades Declining	Victim of Bullying	Frequently Appears Sickly
Motivated	Responsible	Disorganized	Perpetrator of Bullying	Body Odor
Critical Thinker	Optimistic	Slow rate of work	Neglects Personal Appearance	Complains of Nausea/Vomiting
Hard Worker	Future-Oriented	Lack of Motivation	Easily Distracted/Off-Task	Poor Hygiene
Demonstrates Organizational Skills	Handles Conflict Well	Incomplete Class Assignments	Argumentative	Change in Weight
High Expectations for Self	Handles Redirection Well	Incomplete Homework Assignments	Avoided by Peers	Evidence of Self-Mutilation
Works Independently	Transitions Easily	Cannot Follow Directions	Destroys Property	Lethargic/Sleepy
Works Well In Groups	Relates Well To Others	Low Rate of Retention	Hostile When Criticized	Agitated/Nervous
Trustworthy	Focused/Goal-Oriented	Poor Writing Skills	Easily Upset/Frustrated	Burn Marks
Positive Attitude	Takes Pride in Appearance	Poor Reading Skills	Physically Aggressive	Requests Nurse Visits
Athletically Inclined	Artistically Inclined	Poor Math Skills	Sexually Aggressive	Bloodshot Eyes
Good Attendance	Musically Talented	Poor Study Skills	Sudden Change in Behavior	Talks About Chemical Use
Good Sense of Humor	Resilient	Gives Up Easily	Sleeps in Class	Talks About Refraining From Use
Respectful of Authority Figures	Possesses Leadership Qualities	Does Not Work Well Independently	Tearful/Moody	Odor of Substance
Demonstrates Academic Ability	Creative	Does Not Work Well in Groups	Attention-Getting Behavior	Possession of D/A Paraphernalia
Notes:		Poor Grades in All Subjects	Easily Angered/Annoyed	Other Concerns:
		Shy/Withdrawn	Steals/Cheats	
		Verbally Disruptive	Truant	
		Physically Disruptive	Frequent Mention of Food/Dieting	

Please Rate Your Relationship with Student:

(not very close) (very close)
 1 2 3 4 5

Please Return To: _____ by (Date): _____