

PASADENA UNIFIED SCHOOL DISTRICT
Child Welfare and Attendance

SECTION 504 TEACHER OBSERVATION FORM

Teacher		Date	
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Student		Date of Birth	
School		Grade	

Please complete the following teacher observation information and return this form to the School Section 504 Designee within two (2) days to enable the Section 504 team to conduct a Section 504 evaluation for the above-named student.

TEACHER OBSERVATIONS

Based on your knowledge and observation, please rate this student’s performance.

OBSERVATIONS	UNSATISFACTORY					EXCELLENT				
Classroom Work	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Homework	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Tests	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Reading Performance	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Math Performance	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Written Performance	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Spelling	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Following Oral Directions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Attendance	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Attention Span	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Organization Skills	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

ACTIONS TAKEN (Check only those that apply)

RESULTS

	Sent Reports Home	
	Talked with Counselor	
	Rearranged Seating	
	Positive Behavior Support	
	Ignored Behavior	
	Referred to Administrator	

Teacher		Date	
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Student		Date of Birth	
School		Grade	

	Contracts	
	Assigned Sheets	
	Repetition	
	Tutoring	
	Alternative Assignments	
	Additional Time for Assignments	
	Small Group Instructions	
	Cooperative Learning	
	Peer Tutoring	
	Parent Conferences	
	Other	

BEHAVIORAL CHARACTERISTICS

Check behavioral characteristics which might adversely affect this student’s learning.

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Shyness | <input type="checkbox"/> Moody | <input type="checkbox"/> Anxious |
| <input type="checkbox"/> Rejected by Peers | <input type="checkbox"/> Daydreams | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Irritable | <input type="checkbox"/> Needs Constant Encouragement | <input type="checkbox"/> Disruptive |
| <input type="checkbox"/> Distractible | <input type="checkbox"/> Quarrelsome | <input type="checkbox"/> Withdrawn |

EMOTIONAL/BEHAVIORAL/SOCIAL CHARACTERISTICS

Indicate (+) for strengths; (-) for areas of concern.

	Generally cooperates/is compliant with teacher requests		Adapts to new situations without getting upset
	Accepts responsibility for own actions		Makes and keeps friends at school
	Works cooperatively with others his/her own age		Has an even, usually happy disposition
	Is pleased with good work		Independently initiates activities
	Responds appropriately to praise and correction		Resists becoming discouraged by difficulties or minor setbacks
	Consistently demonstrates behavior appropriate for his/her age		

OTHER OBSERVATIONS

Student meets standards of personal independence expected of chronological age/culture group If no, give an estimate of student’s level of personal independence:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Student meets standards of social responsibility expected of the chronological age/culture group If no, give an estimate of student’s level of social responsibility:	<input type="checkbox"/>	<input type="checkbox"/>

DISCIPLINE

Is discipline an area of concern?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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