Systematic Observation
Open-Ended Format

Student's Name _____ D.O.B. _____ School _____

Date(s) _____ Time (start) _____ (end) _____

Record the observed level of support the student requires completing the assigned task. Describe the activity and the behavior of the student and staff for the areas observed.

Level of support:

1) **No Impact**: infrequent or no support required
2) **Mild Impact**: Intermittent or periodic support and supervision required
3) **Moderate Impact**: Limited but consistent support and supervision required
4) **Severe Impact**: Frequent or close support and supervision required
5) **Extreme Impact**: Highly intense and continuous levels of support and supervision required

- ☐ ____ Cognition
- ☐ ____ Daily Living and Independent Living Skills
- ☐ ____ Social and Interpersonal Skills
- ☐ ____ Communication Skills
- ☐ ____ Academic Skills
- ☐ ____ Recreation and Leisure Skills
- ☐ ____ Community Participation Skills
- ☐ ____ Work and Work-Related Skills