Systematic Observation
Narrative 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**
(Retains concepts taught; rate of learning; applies skills/concepts to new tasks)

☐ ____ **Daily Living and Independent Living Skills**
(Transitions; dressing; personal care; preparation of materials; uses materials safely/appropriately; keeps schedules)

☐ ____ **Social and Interpersonal Skills**
(Play skills; peer interactions; self-esteem, follows directions; initiates/responds to adults and peers; social judgment)

☐ ____ **Communication Skills**
(Initiates/responds; follows directions; gestures; requests help; expresses feelings)

☐ ____ **Academic Skills**

(Responds to teacher; manages time, calendars and schedules; basic reading, writing, math, science, geography, and social studies)

- ____ **Recreation and Leisure Skills**
  (Choosing and initiating activities; turn-taking; follows safety guidelines; expands awareness of interests; mastery of steps for participation)

- ____ **Community Participation Skills**
  (Knowledge of community resources, facilities and programs; travel skills to access resources; chooses socially appropriate activities)

- ____ **Work and Work-Related Skills**
  (Completion of tasks; awareness of schedules; accepting direction; ability to work with others; independent work habits; knowledge of job options; and career exploration)