

LABEL OR PRINT

NAME

BCH MRN

DOB

GENDER M F

HEALTH AND DEVELOPMENT HISTORY CHECKLIST OF TEACHER OBSERVATIONS

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Student _____ Date _____

School _____ Teacher(s) _____

Grade _____ Completed by _____

Previous Testing

Academic Subject	Test	Date	Results	Comment
Reading				
Math				
Language				
Other				

(Please report most recent assessments and append earlier versions)

Current Instructional Provisions

TEXT(S):

Reading/Writing	Mathematics

(Please note progress i.e., "almost complete", "halfway through", etc.)

SUPPLEMENTARY MATERIAL

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INSTRUCTIONAL SETTING:

Regular Classroom _____

Group Level _____

Group Size _____

OUTSIDE CLASS SUPPORT:

Type _____

Number and Length of Session _____

Size of Group _____

Specific Observations

On the following pages, please evaluate the student on language, reading, writing, and mathematics behaviors by checking the appropriate proficiency level box.

LANGUAGE

	Strong 1	Average 2	Limited 3	N/A
Respond to a question				
Participate in conversation				
Retell a story				
Tell about an event or family outing				
Explain a process or procedure				
Describe a picture				
Name Pictures				
Understand spoken directions				

READING

Ability to:

Pre-reading	Strong 1	Average 2	Limited 3	N/A
Recognize rhyming words				
Hear and isolate words in a sentence				
Hear or isolate sounds in a word				
Name letters				

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READING, CONTINUED

Word Recognition	Strong 1	Average 2	Limited 3	N/A
Recognize basic sight vocabulary				
Recognize grade appropriate sight vocabulary				
Read with appropriate rate and fluency				
Use phonics analysis: Digraphs, blends, vowel combinations				
Use phonics analysis: Consonants, long/short vowels				
Use contextual analysis				
Use word parts/structural analysis				
Use common prefixes and suffixes				
Use study skills				

Please check if behavior applies:	Never	Sometimes	Always	N/A
Rate too slow				
Rate too rapid for accuracy				
Word by word reading				
Ignores word recognition errors and reads on				
Fails to try alternative phonic generalizations				
Skips over unknown words				
Fails to attend end marks				
Move lips/whispers				
Moves head excessively				
Holds book too close or inappropriately				
Effort and attention low				
Easily distracted				

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WRITING

Ability to:	Strong 1	Average 2	Limited 3	N/A
Use prephonetic spelling: ("as" for "this")				
Use phonetic spelling: ("kat" for "cat")				
Use conventional spelling:				
Write: narrative models				
Write: expository, descriptive, persuasive models				
Reread own writing				
Revise ideas				
Edit writing (spelling, punctuation, etc.)				

Please check if behavior applies:	Never	Sometimes	Always	N/A
Experiences graphomotor difficulty				
Inappropriate punctuation or capitalization				
Writes with excessive effort				
Limited production				
Inadequate or incomplete expression of ideas				
Difficulty organizing ideas				
Difficulty completing written work				

MATHEMATICS

Conceptual Foundations:	Strong 1	Average 2	Limited 3	N/A
Sense of quantity				
Money				
Time				
Places values				
Fraction				
Spatial relationships				

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Ability to:

Formal skills	Strong 1	Average 2	Limited 3	N/A
One digit facts				
Addition procedures				
Subtraction procedures				
Multiplication procedures				
Division procedures				
Estimation strategies				
Measurement topics				
Fraction procedures				
Decimal procedures				
Percent procedures				

Problem solving	Strong 1	Average 2	Limited 3	N/A
Applications				
Spatial				
Logical				

Please check if behavior applies:	Never	Sometimes	Always	N/A
Difficulty appreciating				
Concepts/broader trusts				
Difficulty with automatic retrieval demands				
Slow pursuit of procedures				
Imprecision/Inaccuracy				
Difficulty emerges only under complexity or higher level examples				
Difficulty with transfer				
Difficulty appreciating models				

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GENERAL COGNITIVE PROFILE

	Strong 1	Average 2	Limited 3	N/A
Interest in Reading				
Interest in Writing				
Interest in Mathematics				
Study Skills				
Confidence: Reading				
Confidence: Mathematics				
Self-esteem				

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