

Jordan School District  
Specific Learning Disabilities Observation Report

Student Name:	Grade and Instructor:
Primary Area of Concern:	Content Area Observed:
Observer: (A licensed professional must conduct observation.)	Date of Observation:

**Environment:** (Check all that apply)

- ☐ Teacher-directed lesson, small group  
☐ Independent practice  
☐ Teacher-directed lesson, whole class  
☐ Small group cooperative work

- ☐ Watching demonstration/visual input  
☐ Listening to auditory input  
☐ Other: \_\_\_\_\_

**Classroom Activities and Task Demands:**

**Behavior Observation:** (Use a Momentary Time Sampling Recording with 10i second intervals for 15 minutes.)

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- = On Task: Student is engaged.  
 V = Verbal: Student Inappropriately verbalizes or makes sounds with object, mouth, or body.  
 M = Motor: Student is out of assigned seat or manipulating objects without teacher permission.  
 P = Passive: Student is not engaged with assigned task.

**Summary of Observation:** (Percentage of on/off task behavior)

Target Student	On Task:	Off Task:		Peer(s)	On Task:	Off Task:
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**Relationship to Academic Functioning:**

The LEA must ensure that the student is observed in the student's learning environment (including the regular classroom setting) to document the student's academic performance and behavior in the area(s) of difficulty.

**Observation Summary:** *The relevant behavior noted during the observation of the student and the relationship of that behavior to the student's academic functioning **must be** documented on the Goalview Evaluation Results Summary, Section 5, SLD Observation.*

**How did the observed rates of behavior affect the student's academic functioning?**

Signature of Observer: \_\_\_\_\_