

**SAINT MARY SCHOOL**  
**183 High Ridge Avenue**  
**Ridgefield, CT 06877**  
**203-438-7288**

**TEACHER OBSERVATION FORM**

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Observer \_\_\_\_\_ Observer's Signature \_\_\_\_\_

Name of School \_\_\_\_\_ Phone \_\_\_\_\_

Please give us your opinion on this child's development over the time you have known him/her. It is not necessary to conduct a formal assessment or observation. Simply apply the appropriate number rating which, to the best of your judgment, representing the skill level of this child. Please return to the above address. Thank you.

	Appears Developmentally Appropriate	5	4	3	2	1	Area of Concern
<b><u>PHYSICAL/MOTOR DEVELOPMENT:</u></b>							
Coordination		_____	_____	_____	_____	_____	_____
Balance		_____	_____	_____	_____	_____	_____
Gait		_____	_____	_____	_____	_____	_____
Orienting body activities		_____	_____	_____	_____	_____	_____
Hand preference		_____	_____	_____	_____	_____	_____
Grasp of pencils/crayons/objects		_____	_____	_____	_____	_____	_____
Cutting with scissors		_____	_____	_____	_____	_____	_____
Basic hygiene and self-help skills:		_____	_____	_____	_____	_____	_____
Hand washing/toilet		_____	_____	_____	_____	_____	_____
Put on, take off, select, use, and put away clothes		_____	_____	_____	_____	_____	_____
<b><u>SPEECH/LANGUAGE/LITERACY:</u></b>							
Intelligibility of speech		_____	_____	_____	_____	_____	_____
Voice quality and control		_____	_____	_____	_____	_____	_____
Following verbal directives		_____	_____	_____	_____	_____	_____
Attends to stories		_____	_____	_____	_____	_____	_____
Shows interest in words or letters		_____	_____	_____	_____	_____	_____
Recognizes name in print		_____	_____	_____	_____	_____	_____
Attempts to write by limitation/scribble		_____	_____	_____	_____	_____	_____
Sentence structure		_____	_____	_____	_____	_____	_____
<b><u>BEHAVIORAL</u></b>							
Peer relationships		_____	_____	_____	_____	_____	_____
Ability to solve conflicts		_____	_____	_____	_____	_____	_____
Attention span		_____	_____	_____	_____	_____	_____
Self-direction and independence		_____	_____	_____	_____	_____	_____
Following rules and routines		_____	_____	_____	_____	_____	_____
Reactional behavior (fear, frustration, aggression)		_____	_____	_____	_____	_____	_____
Organizational skills		_____	_____	_____	_____	_____	_____

**PLEASE COMPLETE BACK**

What are this child's preferences in activities?

Are there activities this child is reluctant to participate in?

Have you ever recommended developmental evaluation for this child? If so, why?

Please attach a physical sample of this child's drawing, if possible.

Any concerns? Please explain: