

Observation Checklist

Student:

Date:

School:

Grade:

Person Completing Form:

Relationship to Student:

0-1=Typical for grade/age **2-3**=Above average for grade/age **4-5**=Advanced for grade/age **6-7**=Exceptional for grade/age

Place one number in the rating column to indicate observation of student. Support with comments.

	Descriptions	Rating	Comments
1	Makes mental connections		
2	Offers different solutions		
3	Discovers why/how		
4	Requires little direction		
5	Responds to needs of others		
6	Sees others' points of view		
7	Accepts responsibilities		
8	Possesses broad knowledge base		
9	Follows complex instructions		
10	Demonstrates strong memory		
11	Uses advanced vocabulary		
12	Comprehends on advanced levels		
13	Asks challenging questions		
14	Questions, explores, and experiments		
15	Demonstrates unusual interests		
	PLEASE TOTAL SCORE		

Comments: _____
