

**School Board of St. Lucie County, Florida**  
**Exceptional Student Education (772) 429-4570**  
**Targeted Observation of Classroom Language Skills K-12**

**Student Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Classroom Teacher:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Observer Name:** \_\_\_\_\_ **Position/Title:** \_\_\_\_\_

**\*At least one observation must be conducted by a Speech Language Pathologist\***

**Parent and teacher concerns and description of language skills:**

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**Observation to address:**

- Oral Expression
- Listening Comprehension
- Social Interaction/Pragmatic Language
- Written Expression
- Phonological Processing
- Reading Comprehension

**Intervention data relevant to the identified areas of concern (summarize below):**

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**Observation: Start time** \_\_\_\_\_ **End time** \_\_\_\_\_ **Setting** \_\_\_\_\_

Environment (physical aspects of the classroom)

**A. Student Seating**

- In Front Of Group
- To Side of Group
- In Back of Group

**B. Classroom Atmosphere**

- Noisy
- Quiet
- Moderate Noise

**C. Instructional Groupings**

- Large Group
- Small Group
- One on One

**Student communication**

1. How did the student participate in class? (when called upon, raised hand, shouted out, other):
  
2. Did the student need explanation of vocabulary, figurative language, multi – meaning words, new concepts, etc? (list):
  
3. How was the observed student’s communicative behavior different from that of his/her peers? (list):
  
4. What strategies (interventions, accommodations) did the instructor utilize to assist the student? (list):