SCHOOL ACTIVITY REPORT

Claimant's Name _____

SSN: _____

A disability application has been filed on behalf of this student by the parent or guardian. We would appreciate receiving information describing your observations of the student's academic progress, behavior and activities in school. This information will be combined with other documentation to provide a picture of the student's overall functioning. Please complete and return within one week of receipt.

1. What class(es) do you teach this student? _____

2. Indicate this student's current placement:

   Grade placement: _____ Instructional level: _____

   Special Education: Yes No

   If yes, ____Self-contained or _____ Resource. _____ % of time in Resource classes.

   Other: _____

3. Describe this student's activities during an average day at school. Include any functional limitations (physical and psychological). _____

4. Describe this student's current academic functioning. Please address any necessary instructional modifications. _____

5. Describe this student's behavior with you, other adults and students.

6. Rate student's behavior in each of the following areas compared with **unimpaired** students their age. Circle one: 1=poor; 2=below average; 3=average; 4=above average; 5=superior; N=not observed.

a. Follows oral instructions	1	2	3	4	5	N
b. Comprehends classroom discussion	1	2	3	4	5	N
c. Remembers information just heard	1	2	3	4	5	N
d. Expresses self adequately when called upon	1	2	3	4	5	N
e. Adapts to new situations without getting upset	1	2	3	4	5	N
f. Initiates activities independently	1	2	3	4	5	N
g. Responds appropriately to praise & correction	1	2	3	4	5	N
h. Retains instruction from week to week	1	2	3	4	5	N
i. Exhibits organization in accomplishing tasks	1	2	3	4	5	N
j. Completes tasks on time	1	2	3	4	5	N
k. Makes and keeps friends	1	2	3	4	5	N

7. If child has speech problems, please comment on speech intelligibility in **percent** or **fraction** of the time he/she can be understood. Does intelligibility improve upon repetition? (If yes, then what is speech intelligibility percentage?)

_____

_____

8. Has there been a sudden worsening in the child's functioning or behavior (e.g., has the child become disruptive in class, has he/she started to fail tests, etc.)? Check one: ___ Yes ___ No
If yes, explain and include any reasons for the worsening of which you are aware (e.g., family death, divorce, etc.)_____

_____

_____

9. Additional comments or remarks.

_____

_____

_____

_____

_____

Printed Name: _____ Position: _____

Signature: _____ Date: _____

School: _____ School Phone: _____