

Student Assistance Program

FOLLOW UP OBSERVATION SHEET

In an attempt to see if the student has benefited from the SAP, we are asking for you to complete the section below. Your feedback is essential and is appreciated.

Student: _____
 Date of Initial Referral: _____
 Observer: _____
 Grade on Last Report Card: _____

Grade: _____ Period: _____ Age: _____
 Today's Date: _____
 Position: _____
 Current Grade in Your Class: _____

Academic	Quite Often	Sometimes	Rarely	Never
Participates in class				
Completes assignments on time				
Asks for help				
Offers assistance to others				
Is self-motivated				
Has realistically high expectations				
Works up to ability				
Is organized				
Classroom Behavior	Quite Often	Sometimes	Rarely	Never
Follows classroom rules				
Sits in seat				
Peaceful with other students				
Interacts well with others				
Respects boundaries				
Respects school property				
Cooperates with others				
Obeys rules and requests				
Assertive				
Spends time alone				
Is honest with others				
Social Interactions	Quite Often	Sometimes	Rarely	Never
Responds to interaction				
Has friendships in class				
Interacts with other students				
Appears happy and content				
Shows patience with others				
Has strong mood swings in class				
Acts age appropriate				
Demonstrates sense of humor				
Is empathetic towards others				
Stands up to peer pressure				
Expresses feelings appropriately				
Makes good decisions in class				
Tolerates change in class				

Comments: _____

