

Observation Form: DCD (narrative format)

Student's Name: _____ Date of Observation: _____
 Grade: _____ Observer's Name: _____
 School: _____ Observation Start Time: _____ End Time: _____
 Class: _____

Levels of Support

| Intermittent | Limited | Extensive | Pervasive |
|---|--|---|---|
| -Full participation -“As needed” support -Independent with skill -Consistent performance | -Moderate participation (more than 50% of the time) -Some support -May require verbal prompts -Inconsistent performance | -Moderate participation (less than 50% of the time) -A lot of support (daily and regular) -Requires physical prompts/cues -Partial performance | -No participation -Full support -Physical assistance (hand-over-hand) -Unable to perform |

Daily Living/ Independent Skills:

(e.g., basic hygiene, making choices, following a schedule, seeking assistance, self-advocacy, transitions and use of materials):

Estimated Level of Support:

- Intermittent Limited Extensive Pervasive

Comments:

Social and Interpersonal Skills:

(e.g., peer interactions, cooperation, turn-taking, play skills, requesting, initiating conversation of play, problem solving, recognizing and responding to social cues, emotional regulation, and following directions):

Estimated Level of Support:

- Intermittent Limited Extensive Pervasive

Comments:

Communication Skills:

Forms of Communication (e.g., gestures, facial expressions, spoken language, assistive technology)
Functions of Communication (e.g., requesting help, expresses feelings, initiates/responds, gains attention, protests/rejection, comments, uses behavior to communicate, expresses wants and needs, and choices):

Estimated Level of Support:

- Intermittent Limited Extensive Pervasive

Comments:

Academic Skills:

(e.g., basic reading, writing, money, math, science, geography, social studies and using calendars/schedules, manages time, survival words, vocabulary, retains concepts, rate of learning, application of skills/concepts, and attention span):

Estimated Level of Support:

- Intermittent Limited Extensive Pervasive

Comments:

Recreation and Leisure Skills:

(e.g., turn-taking, following safety rules, individual and group activities, mastery of steps/directions for increased participation, awareness of interests, accessing activities, and choosing and initiating activities):

Estimated Level of Support:

- Intermittent Limited Extensive Pervasive

Comments:

Community Participation:

(e.g., chooses socially appropriate activities, knowledge of and ability to access community resources, travel skills, and safety):

Estimated Level of Support:

- Intermittent Limited Extensive Pervasive

Comments:

Work and Work-Related Skills:

(e.g., accepts direction, works with others, independent with work habits, knowledge of support needs, schedules, and job options, developing job skills, completion of tasks):

Estimated Level of Support:

Intermittent

Limited

Extensive

Pervasive

Comments:

Additional Comments: