

# Esperanza Hebrew Academy

## BEHAVIORAL OBSERVATIONS

For each of the following, circle YES or NO and give a brief explanation.

Name: \_\_\_\_\_

Easily managed at home YES/NO \_\_\_\_\_

Responsive to adults YES/NO \_\_\_\_\_

Responsive to children YES/NO \_\_\_\_\_

Displays consistent patterns of behavior YES/NO \_\_\_\_\_

Is able to remain on task during small group activities YES/NO \_\_\_\_\_

Is able to remain on task during large group activities YES/NO \_\_\_\_\_

Extremely active YES/NO \_\_\_\_\_

Easily managed in school YES/NO \_\_\_\_\_

Can work well independently YES/NO \_\_\_\_\_

Seems to understand things better if he/she can see them visually YES/NO \_\_\_\_\_

Comprehends verbal requests, commands and directions YES/NO \_\_\_\_\_

Has difficulty copying written material YES/NO \_\_\_\_\_

Is your child now or has your child in the past taken medication for behavioral issues? YES/NO \_\_\_\_\_  
If yes, when and what medication: \_\_\_\_\_

Is your child now or has your child in the past seen a therapist/counselor for behavioral issues? YES/NO \_\_\_\_\_  
If yes, when and who seen: \_\_\_\_\_

# Esraa's Hebrew Academy

What are your child's interest and hobbies? \_\_\_\_\_

\_\_\_\_\_

Please include any further information about your child's background (at home and in learning situations), in terms of particular weakness and strengths, which you feel would be beneficial to us in planning an educational program for him/her. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

