

Weslaco Independent School District Special Education Department

Functional Vocational Evaluation: Teacher Observation Form

Student: _____ D.O.B.: _____

ID #: _____ Campus/Grade: _____ / _____

	Usually	Sometimes	Never
Clean and appropriately dressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts appropriately w/ peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts appropriately w/ adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows oral instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows written instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is considerate of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works independently w/ little help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates activities/tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumes responsibility for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres to rules/directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is able to transfer learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapts to changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains focus/undistracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remains on task until completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works at an adequate rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strives for quality performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds positively to corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improves production with instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is calm, even tempered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has good self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows pride in accomplishments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attends school regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is punctual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Above Avg.	Avg.	Below Avg.
Fine motor speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Teacher(s) Completing form

Date