

TBI Observation/Interview Form

Student's Name _____ DOB _____ School _____

(Of the information gathered in interview, star [★] behaviors actually observed.)

Interview Date _____ Observation Date(s) _____

Person(s) Interviewed _____ Observation Setting _____

Completed by _____ Completed by _____

Title _____ Title _____

HEALTH STATUS (Information as known by teacher/staff/parents)

- Staff/Student Knowledge of Diagnosis:
- Medication:
- Health Plan:
- Emergency/Safety Procedures:
- Attendance:

ORGANIZATION SKILLS (Document significant discrepancies from peers)

- Materials: (Has materials when needed, physical organization of space)
- Written Work: (Organized on page in sequential manner)
- Thoughts: (Tells thoughts of stories sequentially--beginning, middle, and end--stays on topic)

TBI Observation/Interview Form (*Continued*)

STUDY SKILLS

- Self-Initiates:
- Displays On-Task Behavior:
- Follows Directions:
- Completes Homework:
- Participates in Group Activities:

WORK COMPLETION

- Number of Assignments Given ____
Assignments Turned In ____ Assignments Late ____

INDEPENDENCE

- Work Completion: (Unassisted, adult assisted, peer assisted)
- Movement Through School Environment:
- Clothing/Bathroom/Lunchroom:
- Motoric Management of Materials: (Books, notes, pencil, scissors, desk, locker)
- Level of Self-Advocacy:

TBI Observation/Interview Form (*Continued*)

FUNCTIONAL LEVEL OF ACADEMIC PERFORMANCE

(Daily classroom performance in relation to peers)

- Reading:
- Math:
- Written Language:
- Other:

PEER INTERACTION

- Student with Peers:
- Peers with Student:

INTERFERING BEHAVIORS

- Distracting to Self or Others:
- Aggressive Behavior:

MAIN CONCERNS AND/OR STRENGTHS

- Parents:
- General Education Teacher/Other Staff:

(Developed by ISD #625, St. Paul Schools)