TuftsMedicine
Pediatrics

Division of Developmental-Behavioral Pediatrics
800 Washington St., Box 334
Boston, MA 02111

OVER 5 YEARS + OLDER

Observer's report form

Please share your observations; they are very appreciated.

Send via PDF to: **ccsnforms@tuftsmedicine.org**

Our system cannot read photos. If you prefer regular mail, send it to address above.

This form is for third-party observers.

You do not need to fill out this form if you have already filled out either the parent or the teacher form.

Demographic information

CHILD

First name _____ Last name _____

Date of birth _____ Today's date _____

OBSERVER

First name _____ Last name _____

Email _____ Phone _____ Relation to the child _____

14582 0626

Strengths + concerns

List three words to describe this child

Tell us about this child's developmental progress	WELL BELOW GRADE/AGE LEVEL	BELOW GRADE/AGE LEVEL	AT GRADE / AGE LEVEL	ABOVE GRADE/AGE LEVEL	WELL ABOVE GRADE/AGE LEVEL
Language (listening)	◯	◯	◯	◯	◯
Language (speaking)	◯	◯	◯	◯	◯
Reading (decoding)	◯	◯	◯	◯	◯
Reading (comprehension)	◯	◯	◯	◯	◯
Writing	◯	◯	◯	◯	◯
Math	◯	◯	◯	◯	◯
Science + technology	◯	◯	◯	◯	◯
Music, art, physical education	◯	◯	◯	◯	◯
Classroom conduct: Ability to follow rules + complete routines in the classroom	◯	◯	◯	◯	◯
Conduct at home: Ability to follow rules + complete routines at home	◯	◯	◯	◯	◯
Social interactions	◯	◯	◯	◯	◯
Self-regulation skills: Ability to manage frustration	◯	◯	◯	◯	◯
Self-regulation skills: Ability to manage anxiety or stressful situations	◯	◯	◯	◯	◯
Executive skills: Ability to complete routine tasks without reminders or supervision	◯	◯	◯	◯	◯

What do you think would be most helpful for this child right now?

For children of the same age, how does this child regulate her/his behaviors? See CAP rating scale here:

Current performance survey	**NOT TRUE (1)**	**SOMETIMES TRUE (2)**	**OFTEN OR VERY TRUE (3)**	**TOTAL**
Fails to finish things he/she starts	____	____	____	____
Can't concentrate, can't pay attention for long	____	____	____	____
Daydreams or gets lost in his/her thoughts	____	____	____	____
Difficulty following directions	____	____	____	____
Messy work	____	____	____	____
Inattentive, easily distracted	____	____	____	____
Fails to carry out assigned tasks	____	____	____	____
Can't sit still or hyperactive	____	____	____	____
Fidgets + squirms	____	____	____	____
Impulsive or acts without thinking	____	____	____	____
Talks out of turn	____	____	____	____
Overreacts	____	____	____	____
Total	____	____	____	____