Related Services Provider Observation

Student ______________________________ Teacher/Observer __________________________

Related Service ________________ Hours per week _____ Last Evaluation Date ___/___/_____

1. Please describe related service(s) you currently provide for this student:
   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________

2. ☐ Yes ☐ No Does the student appear to continue to have the identified disability?
   If no, please explain: ___________________________________________________________

3. ☐ Yes ☐ No Are related services needed?

4. Describe this student’s learning behaviors during related service sessions:
   Strengths ________________________________________________________________________
   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________
   Weaknesses __________________________________________________________
   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________

5. ☐ Yes ☐ No Is the current educational program appropriate for this student?
   If not, what information is needed to improve program planning for this student? ________________
   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________

6. Please indicate any other concerns regarding this student: __________________________
   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________

Related Services Provider Signature ____________________________ Date _____/_____/________

Attach any additional informational you feel could be helpful in meeting this student’s educational needs.