LONG COUNTY SCHOOL SYSTEM
Special Education Department
Specific Learning Disabilities Observation Form

Name:_____ Grade:_____ School:_____
Observer: *_____ Title: _____
**May be one of the following: reading specialist, educational therapist, speech-language pathologist, special education teacher, or school psychologist.*

Class/Subject:_____ Teacher:_____
Date: _____ Time:_____

Provide information on the impact of the student's learning behavior on his/her educational performance during this observation.

Learning Area: BASIC READING SKILLS

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