

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: READING COMPREHENSION
