

Observation Checklist for Teachers
Background Information

(To be filled in by teacher)

Name of Pupil: _____ Sex: M/F Class (Year): _____ (200 -200)

STRN: _____

Date: _____ (day) _____ (mth) 200 _____ (yr) Completed by: _____

Please put a “√” against the appropriate box

[A] Previous learning experience

1. Attendance
- | | | | |
|-----|----------------------------------------------|------------------------------|-----------------------------|
| (a) | Has the pupil attended kindergarten? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) | Has the pupil repeated class? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) | Has the pupil changed kindergarten / school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Performance of the pupil at kindergarten / prior to attending Primary One

- Satisfactory, no difficulties
- Manifested problem (s) in learning*/ social relationships*/adjustment*

**(Please circle the appropriate item(s))*

3. The key remarks from the nursery / kindergarten on the pupil's performance were:

4. Completion of homework
- | | |
|--------------------------|-------------------------------------------|
| <input type="checkbox"/> | Homework completed with accuracy. |
| <input type="checkbox"/> | Homework completed with occasional errors |
| <input type="checkbox"/> | Homework completed with many errors |
| <input type="checkbox"/> | Only occasionally completed homework |
| <input type="checkbox"/> | Rarely completed homework |

5. Record of attendance
- | | |
|--------------------------|--------------------|
| <input type="checkbox"/> | Regular attendance |
| <input type="checkbox"/> | Frequently absent |

6. Last examination results: Chinese _____ English _____ Maths _____

[B] Family situation

1. Help with the pupil's homework is provided by _____, while his/her daily living is taken care of by _____.
2. Does the pupil speak a different dialect at home? Yes (please specify _____)
 No
3. Did the pupil only recently move to Hong Kong?
 Yes (He has lived in Hong Kong for about _____year(s))
(his previous place of residence was _____)
 No
4. Any family factor(s) which may affect the pupil's learning and daily living : _____

[C] Special educational needs/physical health

1. Did the pupil receive any specialist assessment/tests (e.g. intellectual assessment)?
 Yes Date assessed: _____ Assessment institution: _____
file reference no. (if any) _____
The school has obtained a copy of the assessment report Yes No
2. Has the pupil been diagnosed to have any of the following impairments or disabilities?
 Yes * (Please circle the appropriate item(s))
 Visual Impairment * (Cataract/ Keratitis / Glaucoma/ Retinal Detachment/ Macular Degeneration/ Others: _____)
 Hearing Impairment * (Mild/ Moderate/ Severe/ Profound/ Others: _____)
 Intellectual Disability * (Mild/ Moderate/ Severe/ Others: _____)
 Physical Disability * (Muscular Dystrophy/ Cerebral Palsy/ Others: _____)
 Gross/ Fine motor control and coordination (Please specify: _____)
 Autism
 Specific Learning Difficulties in Reading and Writing
 Speech and Language Delay
 Attention Deficit and Hyperactive Disorder
 Others (Please specify: _____)
 No

3. Support services or special education services
- (a) Has the pupil received special education services (e.g. speech therapy)? Yes No
- (b) Has the pupil received services from the Student Guidance Personnel? Yes No
- (c) Others: _____
4. Does the pupil suffer from any severe illness? Yes (Type of illness : _____) No
5. Does the pupil require active medical attention? Yes No
6. Does the pupil need to be on a continued course of medication? Yes No

[D] Additional Comments

1. What are the strengths and interests of the pupil?

2. Does the pupil have any special views or concerns about himself, the school or his family?

3. Do the parents have any concerns about the pupil?

4. Others :
