

Note: This is meant as a guide to make observation across a range of settings. Also make extra notes about additional details.

<b>Name:</b>		<b>Meds?</b> <input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> NA		<b>Masks?</b> <input type="checkbox"/> On <input type="checkbox"/> Off	
DOB:		DOT:		<input type="checkbox"/> Glasses <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Mobility Aid <input type="checkbox"/> Interpreter	
<b>Patient Arrived:</b>			<b>Mood &amp; Affect</b>		
<input type="checkbox"/> On Time <input type="checkbox"/> Early <input type="checkbox"/> Late – reason: _____ <input type="checkbox"/> Alone <input type="checkbox"/> With Others (name and relationship) _____			<input type="checkbox"/> Positive/Cheerful <input type="checkbox"/> Neutral/Typical <input type="checkbox"/> Slow to warm up <input type="checkbox"/> Anxious/Nervous <input type="checkbox"/> Flat/Reduced range  <input type="checkbox"/> Irritable <input type="checkbox"/> Silly or excitable <input type="checkbox"/> Manic/grandiose <input type="checkbox"/> Depressed <input type="checkbox"/> Other:		
<b>Gait &amp; Balance:</b>					
<input type="checkbox"/> Typical Balance <input type="checkbox"/> Wide Based <input type="checkbox"/> Unaided <input type="checkbox"/> Typical Gait <input type="checkbox"/> Unsteady <input type="checkbox"/> Required Assistance <input type="checkbox"/> Slow <input type="checkbox"/> coordination difficulties <input type="checkbox"/> Walker <input type="checkbox"/> Shuffling <input type="checkbox"/> Appears to have weakness on one side <input type="checkbox"/> Cane <input type="checkbox"/> Scissoring <input type="checkbox"/> Fast <input type="checkbox"/> Wheelchair <input type="checkbox"/> Limping <input type="checkbox"/> Other:					
<b>Activity Level:</b>		<b>Posture:</b>		<b>Memory:</b>	
<input type="checkbox"/> Typical <input type="checkbox"/> Tired/Lethargic <input type="checkbox"/> Moderately Underactive <input type="checkbox"/> Moderately High Energy <input type="checkbox"/> Hyperactive <input type="checkbox"/> Frequent Vocalizations <input type="checkbox"/> Out of Seat often		<input type="checkbox"/> Upright <input type="checkbox"/> Relaxed <input type="checkbox"/> Stooped <input type="checkbox"/> Slumped <input type="checkbox"/> Tense		<input type="checkbox"/> No obvious problems <input type="checkbox"/> Working memory struggles <input type="checkbox"/> Long-term memory struggles	
<b>Social Interaction:</b>			<b>Nonverbal Skills:</b>		
<input type="checkbox"/> Typical Overall <input type="checkbox"/> Friendly and Cooperative <input type="checkbox"/> Presents As Younger Than Age:  <input type="checkbox"/> Irritable <input type="checkbox"/> Difficult to Establish Rapport <input type="checkbox"/> Uses humor well <input type="checkbox"/> Trouble understanding my humor <input type="checkbox"/> Uses humor when not sure of an answer			<input type="checkbox"/> Presents Disinterested <input type="checkbox"/> Unusually Polite or Formal:  <input type="checkbox"/> Other Atypical Nonverbal Skills:  <input type="checkbox"/> Responds Well to Feedback: <input type="checkbox"/> Responds especially well to conversation about: _____ <input type="checkbox"/> Forthcoming with information <input type="checkbox"/> Reluctant to answer certain questions:		
			<input type="checkbox"/> Pointing <input type="checkbox"/> Showing <input type="checkbox"/> 3-point gaze <input type="checkbox"/> Typical Facial Expressions <input type="checkbox"/> Reduced Expressivity/Facial Expressions <input type="checkbox"/> More Expressive Than Average  <input type="checkbox"/> Responding to Joint Attention <input type="checkbox"/> Not Responding to Joint Attention <input type="checkbox"/> Typical Eye Contact <input type="checkbox"/> Reduced or Inconsistent Eye Contact <input type="checkbox"/> Greater Than Average Eye Contact <input type="checkbox"/> Typical Gesture Use <input type="checkbox"/> Less Than Typical Gesture Use <input type="checkbox"/> Frequent Gesture Use		
<b>Attitude to Self</b>					
<input type="checkbox"/> Perceived Performance as Good: <input type="checkbox"/> Perceived performance as Poor: <input type="checkbox"/> Appears anxious about perceived errors <input type="checkbox"/> Apologized for performance <input type="checkbox"/> Frequent self-correcting <input type="checkbox"/> Frequent self-deprecating comments <input type="checkbox"/> Confident <input type="checkbox"/> Determined <input type="checkbox"/> Positive Self-Talk <input type="checkbox"/> Positive comments about performance/skills <input type="checkbox"/> Positive comments about the future					

Sensorimotor <input type="checkbox"/> R <input type="checkbox"/> L			
<input type="checkbox"/> Typical <input type="checkbox"/> Atypical Pencil Grip: <input type="checkbox"/> Messy Handwriting/Uneven or minimal spacing <input type="checkbox"/> Challenges with visual-perceptual skills: <input type="checkbox"/> Frequent unexpected movements: <input type="checkbox"/> Tics or repetitive movements:			
Remote?			
<input type="checkbox"/> Ipad <input type="checkbox"/> Laptop <input type="checkbox"/> Cell phone		<input type="checkbox"/> Technical difficulties? <hr/> <input type="checkbox"/> Stays visible throughout <input type="checkbox"/> Difficulty keeping face visible	
Language and Speech:			
<input type="checkbox"/> Typical Speech and Language or No obvious signs of Atypical Speech/Language <input type="checkbox"/> Atypical Rate: <input type="checkbox"/> Atypical Rhythm: <input type="checkbox"/> Atypical Volume: <input type="checkbox"/> Atypical Tone: <input type="checkbox"/> Atypical Fluency: <input type="checkbox"/> Very Talkative <input type="checkbox"/> Less Talkative Than Average <input type="checkbox"/> Mostly Single Words <input type="checkbox"/> Mostly Phrases/Sentences <input type="checkbox"/> Vocabulary Level Typical for Age <input type="checkbox"/> Advanced Vocabulary		<input type="checkbox"/> Understands most conversational speech <input type="checkbox"/> Difficulty with conversational speech <input type="checkbox"/> Loses track of conversation <input type="checkbox"/> Comprehends simple instructions <input type="checkbox"/> Difficulty with simple instructions <input type="checkbox"/> Difficulty with complex instructions <input type="checkbox"/> Slowed information Processing Speed <input type="checkbox"/> Clear <input type="checkbox"/> Fluent <input type="checkbox"/> Unclear articulation <input type="checkbox"/> Slurred <input type="checkbox"/> Echolalia: <input type="checkbox"/> Scripted Speech	
		<input type="checkbox"/> Difficult to understand <input type="checkbox"/> % of Speech Easily Understood: ____ <input type="checkbox"/> Goal-directed <input type="checkbox"/> Tangential <input type="checkbox"/> Verbose <input type="checkbox"/> Repeats certain topics or sounds: <input type="checkbox"/> Word choice errors <input type="checkbox"/> Word-finding problems <input type="checkbox"/> Response latency <input type="checkbox"/> Hesitations <input type="checkbox"/> Vocal Tics <input type="checkbox"/> Other:	
Rate:	Volume:	Tone:	Prosody:
<input type="checkbox"/> Average <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Pressured	<input type="checkbox"/> Average Volume <input type="checkbox"/> Low volume <input type="checkbox"/> Loud <input type="checkbox"/> Soft	<input type="checkbox"/> Average Tone <input type="checkbox"/> High Pitched Tone <input type="checkbox"/> Atypical Tone:	<input type="checkbox"/> Typical Prosody/rhythm <input type="checkbox"/> Monotone <input type="checkbox"/> Atypical prosody:
Attention and Executive Functioning		Test-Taking and Work Habits	
<input type="checkbox"/> Typical, Attentive <input type="checkbox"/> Easily Distracted, Needs Prompting <input type="checkbox"/> Inattentive <input type="checkbox"/> Spacey, Sluggish or Daydreams <input type="checkbox"/> Substantial Variation in Attention by task <input type="checkbox"/> Self-Talk/Subvocalizes <input type="checkbox"/> Needs Support Planning/Organizing <input type="checkbox"/> Needs Support with Working Memory <input type="checkbox"/> Needs Support with Self-Monitoring/Self-Corrections/Repetitions <input type="checkbox"/> Grabs at Test Materials/Pages <input type="checkbox"/> Consistently Tries to respond too soon <input type="checkbox"/> Responds without looking at all options <input type="checkbox"/> Uses Fidget Toys <input type="checkbox"/> Responds especially well to these fidget toys:  <b>Other Notes:</b>		<input type="checkbox"/> Motivated <input type="checkbox"/> Perfectionistic <input type="checkbox"/> Seems to prefer Rapid Pace <input type="checkbox"/> Reluctant to Guess <input type="checkbox"/> Gives up Quickly <input type="checkbox"/> Enjoys Testing <input type="checkbox"/> Seeks Reassurance <input type="checkbox"/> Asks to Quit <input type="checkbox"/> Often Asks How Much Time Remains <input type="checkbox"/> Appears to Have Concrete Interpretation of Questions <input type="checkbox"/> Does Not Adjust To Instructions or Change in Instructions <input type="checkbox"/> Unresponsive to praise/encouragement <input type="checkbox"/> Responds well to praise <input type="checkbox"/> Responds well to redirection <input type="checkbox"/> Requires much reinforcement <input type="checkbox"/> Requires frequent breaks <input type="checkbox"/> Fatigues as testing progressed <input type="checkbox"/> Useful Unique Coping Strategies:	
		<input type="checkbox"/> Appears Unmotivated <input type="checkbox"/> Frequently makes detail-related errors <input type="checkbox"/> Slow processing <input type="checkbox"/> Works Quickly <input type="checkbox"/> Perseverates on certain items <input type="checkbox"/> Seems bored <input type="checkbox"/> Highly variable behavior <input type="checkbox"/> Appears Sensitive to Failure <input type="checkbox"/> Slow and deliberate <input type="checkbox"/> Talks out loud in task approach <input type="checkbox"/> Perseverative <input type="checkbox"/> Appears internally preoccupied <input type="checkbox"/> Easily overwhelmed <input type="checkbox"/> Easily frustrated <input type="checkbox"/> Disinhibited as testing progresses <input type="checkbox"/> Restless as testing progresses <input type="checkbox"/> Attempts all task presented <input type="checkbox"/> Refuses these tasks: <input type="checkbox"/> Especially enjoys these tasks:	