

OBSERVATION SUMMARY FOR MULTIPLE ASSESSMENTS (USA)

Name: _____ Date of Birth: _____ Final # of Lessons: _____
School: _____ Final # of Weeks: _____
RR/ DLL/ LL Teacher: _____ ID # (Optional): _____
Intervention (choose one): **RR** **DLL** **LL** Exit Status (choose one): **A** **P** **R** **M** **I** **N**

SUMMARY OF ORAL READING

FALL Date: _____	Instr. Stanine	Text Title	Errors/ Running Words	Error Ratio	Accuracy Rate	Self- Correction Ratio
1. Easy	_____	_____	_____	1: _____	_____ %	1: _____
2. Instructional	_____	_____	_____	1: _____	_____ %	1: _____
3. Hard	_____	_____	_____	1: _____	_____ %	1: _____

ENTRY Date: _____	Instr. Stanine	Text Title	Errors/ Running Words	Error Ratio	Accuracy Rate	Self- Correction Ratio
1. Easy	_____	_____	_____	1: _____	_____ %	1: _____
2. Instructional	_____	_____	_____	1: _____	_____ %	1: _____
3. Hard	_____	_____	_____	1: _____	_____ %	1: _____

EXIT Date: _____	Instr. Stanine	Text Title	Errors/ Running Words	Error Ratio	Accuracy Rate	Self- Correction Ratio
1. Easy	_____	_____	_____	1: _____	_____ %	1: _____
2. Instructional	_____	_____	_____	1: _____	_____ %	1: _____
3. Hard	_____	_____	_____	1: _____	_____ %	1: _____

YEAR END Date: _____	Instr. Stanine	Text Title	Errors/ Running Words	Error Ratio	Accuracy Rate	Self- Correction Ratio
1. Easy	_____	_____	_____	1: _____	_____ %	1: _____
2. Instructional	_____	_____	_____	1: _____	_____ %	1: _____
3. Hard	_____	_____	_____	1: _____	_____ %	1: _____

ADDITIONAL ASSESSMENT Date: _____	Instr. Stanine	Text Title	Errors/ Running Words	Error Ratio	Accuracy Rate	Self- Correction Ratio
1. Easy	_____	_____	_____	1: _____	_____ %	1: _____
2. Instructional	_____	_____	_____	1: _____	_____ %	1: _____
3. Hard	_____	_____	_____	1: _____	_____ %	1: _____

SUMMARY OF ASSESSMENT TASKS

	Letter Identification		Word Test		Concepts About Print		Writing Vocabulary		Hearing & Recording Sounds in Words		Slosson Oral Reading
	Raw	Stanine	Raw	Stanine	Raw	Stanine	Raw	Stanine	Raw	Stanine	Raw
FALL DATE: _____											
ENTRY DATE: _____											
EXIT DATE: _____											
YEAR-END DATE: _____											
ADDITIONAL ASSESSMENT DATE: _____											