

# Nonverbal Learning Disability Observation Form

Student Name

Date of Observation

Observer Name

## 1. Social Interaction

- ☐ Avoids eye contact
- ☐ Difficulty understanding body language or facial expressions
- ☐ Difficulty initiating or maintaining peer interactions
- ☐ Does not understand jokes, sarcasm, or idioms

Notes

## 2. Spatial & Motor Skills

- ☐ Difficulty with handwriting or using scissors
- ☐ Awkward or uncoordinated gait
- ☐ Trouble learning new motor tasks or games
- ☐ Drops objects frequently

Notes

## 3. Academic Skills

- ☐ Difficulty with math concepts
- ☐ Trouble organizing work or materials
- ☐ Difficulty understanding visual information
- ☐ Needs directions repeated or clarified often

Notes

## 4. Emotional & Behavioral Observations

- ☐ Easily frustrated

- ☐ Signs of anxiety
- ☐ Withdrawn or isolated
- ☐ Acts younger than age

Notes

## 5. Other Comments