MICHIGAN Department of Education

MI Access™
Michigan's Alternate Assessment Program

Student Observation Sheet

SPRING 2006
Participation

Barcode Label Below

Directions

If the sheet has preprinted student information, do not complete Sections 1 to 6. Turn the sheet over and complete the Sections on the back.

If you have a student barcode label, place the label in the space provided. (Pre-ID labels may be printed from the OEAA Secure System.) Do not complete Sections 1 to 6. Turn the sheet over and complete the Sections on the back.

If you do not have a barcode label for the student, fill in all Sections on both sides, as described in the *Coordinator and Assessment Administrator Manual*. Use a No. 2 pencil only.

Barcode Label Above

1. Student Name - omit hyphens, apostrophes, Jr., or III

LAST NAME																FIRST NAME												MI
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	1	2	3	4	5	6	7	8	9	10	11	12	1
◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

2. Birth Date

MONTH	DAY		YEAR	
◯ Jan	0	0	0	0
◯ Feb	1	1	1	1
◯ Mar	2	2	2	2
◯ Apr	3	3	3	3
◯ May		4	4	4
◯ June		5	5	5
◯ July		6	6	6
◯ Aug		7	7	7
◯ Sept		8	8	8
◯ Oct		9	9	9
◯ Nov				
◯ Dec				

3. Gender

- Ⓜ Male
- Ⓕ Female

4. Grade
Print and Mark

- ◯ Grade 11

5. State Unique Identification Code (UIC)

1	2	3	4	5	6	7	8	9	10
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

6. Student Identification Number (Optional)

1	2	3	4	5	6	7	8	9	10
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

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Student Observation Sheet

Directions: Complete Sections 7-10, as described in the *Coordinator and Assessment Administrator Manual*.

7. Print Student, Teacher, School, and District Information

Student Name: _____

Teacher Name: _____

School Name: _____ School Code: _____

District Name: _____ District Code: _____

8. Research Codes

I	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
II	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

MARKING INSTRUCTIONS

USE A No. 2 PENCIL

Use a No. 2 pencil only.

Make no stray marks on this form.

Make solid marks that fill the response completely.

CORRECT: ●

INCORRECT: ✓ ✗ ⊘ ◯ ◯

9. Report Codes

*Mark **ALL** That Apply*

- ◯ Home Schooled
- ◯ Formerly Limited English Proficient
- ◯ Homeless
- ◯ Student Unethical Practice

10. Mark each ACTIVITY below.

Performance Expectation 1 - Engage in typical patterns of leisure and productive activities.

ACTIVITY 1	ACTIVITY 2	ACTIVITY 3	ACTIVITY 4
a ④ ③ ② ①	a ④ ③ ② ①	a ④ ③ ② ①	a ④ ③ ② ①
b ④ ③ ② ①	b ④ ③ ② ①	b ④ ③ ② ①	b ④ ③ ② ①
c ④ ③ ② ①	c ④ ③ ② ①	c ④ ③ ② ①	c ④ ③ ② ①

Performance Expectation 2 - Engage in typical patterns of interaction.

ACTIVITY 5	ACTIVITY 6	ACTIVITY 7	ACTIVITY 8
a ④ ③ ② ①	a ④ ③ ② ①	a ④ ③ ② ①	a ④ ③ ② ①
b ④ ③ ② ①	b ④ ③ ② ①	b ④ ③ ② ①	b ④ ③ ② ①

Performance Expectation 3 - Participate in effective communication cycles.

ACTIVITY 9	ACTIVITY 10	ACTIVITY 11	ACTIVITY 12
a ④ ③ ② ①	a ④ ③ ② ①	a ④ ③ ② ①	a ④ ③ ② ①
b ④ ③ ② ①	b ④ ③ ② ①	b ④ ③ ② ①	b ④ ③ ② ①
c ④ ③ ② ①	c ④ ③ ② ①	c ④ ③ ② ①	c ④ ③ ② ①

Performance Expectation 4 - Participate in personal care, health, and safety routines.

ACTIVITY 13	ACTIVITY 14	ACTIVITY 15	ACTIVITY 16
a ④ ③ ② ①	a ④ ③ ② ①	a ④ ③ ② ①	a ④ ③ ② ①
b ④ ③ ② ①	b ④ ③ ② ①	b ④ ③ ② ①	b ④ ③ ② ①
c ④ ③ ② ①	c ④ ③ ② ①	c ④ ③ ② ①	c ④ ③ ② ①

Performance Expectation 5 - Reach desired locations safely within familiar environments.

ACTIVITY 17	ACTIVITY 18	ACTIVITY 19	ACTIVITY 20
a ④ ③ ② ①	a ④ ③ ② ①	a ④ ③ ② ①	a ④ ③ ② ①
b ④ ③ ② ①	b ④ ③ ② ①	b ④ ③ ② ①	b ④ ③ ② ①