

STUDENT OBSERVATION

Observation Date: \_\_\_\_\_ (Observations *must* be conducted during the time of the student's learning or behavioral concern.)

Student Name	Student Number	Grade	DOB	School Name and Number

**OBSERVATION SUMMARY:**

<input type="checkbox"/> Pre-intervention	<input type="checkbox"/> Post-intervention	<b>Observer Name/Position:</b>		
<b>Subject area:</b>		<b>Start Time:</b>	<b>End Time:</b>	
<b>Class Activity</b>	<input type="checkbox"/> Teacher directed whole class	<input type="checkbox"/> Teacher directed small group	<input type="checkbox"/> Independent work session	<input type="checkbox"/> Other:

Directions: Place a (✓) beside the problem behaviors that were observed *during this observation*.

ACADEMIC ENGAGEMENT		ATTENTION/ORGANIZATION		SOCIAL/BEHAVIORAL	
<input type="checkbox"/>	Difficulty beginning/completing tasks	<input type="checkbox"/>	Does not follow classroom rules	<input type="checkbox"/>	Needs constant reassurance
<input type="checkbox"/>	Gives up easily	<input type="checkbox"/>	Does not comply to teacher direction	<input type="checkbox"/>	Cries/pouts/sulks
<input type="checkbox"/>	Reverses/confuses letters, words, numbers	<input type="checkbox"/>	Talks out excessively	<input type="checkbox"/>	Acts frightened timid/shy
<input type="checkbox"/>	Does not participate in discussion/activity	<input type="checkbox"/>	Disorganized desk and work materials	<input type="checkbox"/>	Withdrawn
<input type="checkbox"/>	Does not turn in assignments	<input type="checkbox"/>	Difficulty transitioning between tasks	<input type="checkbox"/>	Avoided or rejected by peers
<input type="checkbox"/>	Requires teacher prompting to work	<input type="checkbox"/>	Short attention span	<input type="checkbox"/>	Clings to teachers or others
<input type="checkbox"/>	Excessively seeks others' assistance	<input type="checkbox"/>	Fidgets with objects	<input type="checkbox"/>	Nervous/excitable
<input type="checkbox"/>	Does not ask for assistance	<input type="checkbox"/>	Stares blankly/seemingly daydreams	<input type="checkbox"/>	Argumentative
<input type="checkbox"/>	Out of seat or assigned work area	<input type="checkbox"/>	Acts impulsively	<input type="checkbox"/>	Loses temper
				<input type="checkbox"/>	Picks on others
LANGUAGE/ARTICULATION		PHYSICAL CONCERNS			
<input type="checkbox"/>	Difficulty understanding written direction	<input type="checkbox"/>	Seems tired/lethargic	<input type="checkbox"/>	Physically aggressive toward others
<input type="checkbox"/>	Difficulty understanding oral direction	<input type="checkbox"/>	Makes physical complaints	<input type="checkbox"/>	Swears/uses profanity
<input type="checkbox"/>	Difficulty understanding student's speech	<input type="checkbox"/>	Poor fine motor coordination	<input type="checkbox"/>	Changes moods rapidly
<input type="checkbox"/>	Difficulty answering questions verbally	<input type="checkbox"/>	Poor gross motor coordination	<input type="checkbox"/>	Talks disrespectfully to others
<input type="checkbox"/>	Poor use of grammar/vocabulary	<input type="checkbox"/>	Fidgets/squirms	<input type="checkbox"/>	Damages property
				<input type="checkbox"/>	Disrupts activities/learning environment

Narrative of Observation:

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