

<b>Observation Summary:</b> <i>When was observation completed?</i>  <input type="checkbox"/> <b>Pre-Intervention</b>  <input type="checkbox"/> <b>Post-Intervention</b>	<b>Suwannee County School District</b> <b>Office of Student Services</b> 1740 Ohio Avenue, South Live Oak, Florida 32064 386-647-4630	
		<b>Homeroom Teacher</b>
		<b>School</b>

## OBSERVATION

*Observations must be conducted during the time when the student's learning or behavior area of concern occur.*

<b>Student Name:</b> _____		<b>Grade:</b> _____	<b>DOB:</b> _____
<b>Observation Date:</b> _____	<b>Subject Area:</b> _____	<b>Start Time:</b> _____	<b>End Time:</b> _____
<b>Observer &amp; Position:</b> _____		<b>Teacher Teaching During Observation:</b> _____	
<b>Class Activity:</b> <input type="checkbox"/> Teacher directed whole group <input type="checkbox"/> Teacher directed small group <input type="checkbox"/> Independent work <input type="checkbox"/> Other: _____			

**DIRECTIONS:** Place an (X) beside the appropriate box to the left of the column.

Behavioral Observation:		Relationships to Academic Functioning Observation:	
Positive Behaviors		Positive Academic Behaviors	
<input type="checkbox"/> Follows rules/compliant	<input type="checkbox"/> Responsible for actions	<input type="checkbox"/> Asks for assistance	<input type="checkbox"/> Motivated
<input type="checkbox"/> Is a leader	<input type="checkbox"/> Shows integrity	<input type="checkbox"/> Completes assignments on time	<input type="checkbox"/> Organized
<input type="checkbox"/> Positive attitude	<input type="checkbox"/> Thinks before acting	<input type="checkbox"/> Engaged in school/class	<input type="checkbox"/> Self motivated/self starter
<input type="checkbox"/> Resolves conflict peacefully	<input type="checkbox"/> Sense of empathy	<input type="checkbox"/> Good decision-making skills	<input type="checkbox"/> Puts forth effort
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
Negative Behaviors		Negative Academic Behaviors	
<input type="checkbox"/> Acts frightened; withdrawn/shy	<input type="checkbox"/> Fidgety/Fidgety with objects	<input type="checkbox"/> Confuses letters, words &/ numbers	<input type="checkbox"/> Gives up easily
<input type="checkbox"/> Acts impulsively	<input type="checkbox"/> Gets out of seat w/o permission	<input type="checkbox"/> Difficulty beginning tasks -wastes time	<input type="checkbox"/> Lacks motivation
<input type="checkbox"/> Agitation	<input type="checkbox"/> Makes physical complaints	<input type="checkbox"/> Difficulty completing tasks	<input type="checkbox"/> Misinterprets verbal questions/directions
<input type="checkbox"/> Argumentative with peers	<input type="checkbox"/> Need constant reassurance	<input type="checkbox"/> Difficulty answering questions verbally	<input type="checkbox"/> Poor decision-making skills
<input type="checkbox"/> Argumentative with teacher	<input type="checkbox"/> Nervous/excitable	<input type="checkbox"/> Difficulty understanding oral directions	<input type="checkbox"/> Poor use of grammar
<input type="checkbox"/> Avoided or rejected by peers	<input type="checkbox"/> Physically aggressive	<input type="checkbox"/> Difficulty understanding student's speech	<input type="checkbox"/> Poor use of vocabulary
<input type="checkbox"/> Clings to teachers or others	<input type="checkbox"/> Picks on others	<input type="checkbox"/> Difficulty understanding written directions	<input type="checkbox"/> Requires teacher prompting
<input type="checkbox"/> Cries/Pouts/Sulks	<input type="checkbox"/> Poor fine motor coordination	<input type="checkbox"/> Disorganized	<input type="checkbox"/> Requires teacher redirecting
<input type="checkbox"/> Changes mood rapidly/loses temper	<input type="checkbox"/> Poor gross motor coordination	<input type="checkbox"/> Does not ask for assistance	<input type="checkbox"/> Reverses letters
<input type="checkbox"/> Damages property	<input type="checkbox"/> Seems tired/lethargic	<input type="checkbox"/> Does not complete tasks	<input type="checkbox"/> Reverses numbers
<input type="checkbox"/> Difficulty transitioning between tasks	<input type="checkbox"/> Short attention span	<input type="checkbox"/> Does not follow directions	<input type="checkbox"/> No negative academic behaviors observed
<input type="checkbox"/> Disorganized desk and work materials	<input type="checkbox"/> Stares blankly/seemingly daydreams	<input type="checkbox"/> Does not participate in activity	
<input type="checkbox"/> Disrupts class	<input type="checkbox"/> Swears/uses profanity	<input type="checkbox"/> Does not participate in discussion	
<input type="checkbox"/> Disrespectful towards peers/teacher	<input type="checkbox"/> Talks disrespectfully to others	<input type="checkbox"/> Does not pay attention	
<input type="checkbox"/> Does not follow rules/non-compliant	<input type="checkbox"/> Talks out excessively	<input type="checkbox"/> Does not turn in assignments	
<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Excessively seeks others' assistance	
<input type="checkbox"/> Easily influenced by peer pressure	<input type="checkbox"/> No negative behaviors observed	<input type="checkbox"/> Excessively seeks others' attention	

**Comments:**