

**LIVINGSTON COUNTY SCHOOL DISTRICT
SCHOOL: _____**

**ATTENTION TO TASK
BEHAVIORAL OBSERVATION**

Student Name: _____ Grade: _____ Teacher: _____
 Site of Observation: _____ Date of Observation: _____ Observer: _____
 Observation Time: Beginning _____ Ending _____

I. Physical Environment/Student Location:

<input type="checkbox"/>	At Desk	<input type="checkbox"/>	Group Activity	<input type="checkbox"/>	Cafeteria
<input type="checkbox"/>	At Listening Center	<input type="checkbox"/>	Floor Activity	<input type="checkbox"/>	Gym
<input type="checkbox"/>	At Learning Center	<input type="checkbox"/>	At Chalkboard	<input type="checkbox"/>	Playground
<input type="checkbox"/>	At Table	<input type="checkbox"/>	Hallway	<input type="checkbox"/>	Other:

II. Task (defined by the teacher) for the student to perform: _____

III. Anecdotal Observation: Record below (and on additional pages if necessary) all pertinent behaviors occurring during the observation period, including comparison to same age, same sex peers without identified disabilities.

Complete the following section in addition to the anecdotal observation.

Please indicate any of the following behaviors observed by placing a mark in the box next to the behavior:

	Target Student	Peer Comparison
		Behavior Same as Target Peer
<input type="checkbox"/>	Looks around room often during assigned task	<input type="checkbox"/>
<input type="checkbox"/>	Plays with items in or around desk during assigned task	<input type="checkbox"/>
<input type="checkbox"/>	Talks to peers without permission	<input type="checkbox"/>
<input type="checkbox"/>	Talks aloud without being called on by teacher	<input type="checkbox"/>
<input type="checkbox"/>	Demonstrates impulsivity and inability to wait his/her turn	<input type="checkbox"/>
<input type="checkbox"/>	Refuses to complete assignment	<input type="checkbox"/>
<input type="checkbox"/>	Requires prompts from the teacher to return to task/pay attention	<input type="checkbox"/>
<input type="checkbox"/>	Requires individualized help in order to complete assignment	<input type="checkbox"/>
<input type="checkbox"/>	Is on the incorrect page and/or not following along with the class	<input type="checkbox"/>
<input type="checkbox"/>	Appears confused by the task presented	<input type="checkbox"/>
<input type="checkbox"/>	Fidgets in his/her seat/changes positions often	<input type="checkbox"/>
<input type="checkbox"/>	Gets out of seat without permission	<input type="checkbox"/>
<input type="checkbox"/>	Stands up while working	<input type="checkbox"/>
<input type="checkbox"/>	Requests to leave room or complete task other than assigned task	<input type="checkbox"/>
<input type="checkbox"/>	Does not respect the personal space of others/takes items from others	<input type="checkbox"/>
<input type="checkbox"/>	Asks for individual teacher assistance several times during observation	<input type="checkbox"/>
<input type="checkbox"/>	Fails to raise his/her hand in order to ask for something or answer a question	<input type="checkbox"/>

IV. Frequency/Duration of Target Behavior: You should use stopwatch or watch with a second-hand. For every negative signed marked please give description as to what the child was doing in comparison to peers at that moment (please indicate each mark separately).

Interval Length: 15 seconds 20 seconds

Student																			
Peer																			

Student																			
Peer																			

In the teacher/supervisor/caregiver's judgment, was the student's behavior typical? Yes No ___ (please explain) _____

**LIVINGSTON COUNTY SCHOOL DISTRICT
SCHOOL: _____**

**MATH CALCULATIONS / MATH REASONING SKILLS
BEHAVIORAL OBSERVATION**

Student Name: _____ Grade: _____ Teacher: _____
 Site of Observation: _____ Date of Observation: _____ Observer: _____
 Observation Time: Beginning _____ Ending _____

I. Physical Environment/Student Location:

<input type="checkbox"/>	At Desk	<input type="checkbox"/>	Group Activity	<input type="checkbox"/>	Cafeteria
<input type="checkbox"/>	At Listening Center	<input type="checkbox"/>	Floor Activity	<input type="checkbox"/>	Gym
<input type="checkbox"/>	At Learning Center	<input type="checkbox"/>	At Chalkboard	<input type="checkbox"/>	Playground
<input type="checkbox"/>	At Table	<input type="checkbox"/>	Hallway	<input type="checkbox"/>	Other:

II. Task (defined by the teacher) for the student to perform: _____

III. Anecdotal Observation: Record below (and on additional pages if necessary) all pertinent behaviors occurring during the observation period, including comparison to same age, same sex peers without identified disabilities.

Complete the following section in addition to the anecdotal observation.

Please indicate any of the following behaviors observed by placing a mark in the box next to the behavior:

	Target Student	Peer Comparison
		Behavior Same as Target Peer
<input type="checkbox"/>	Completes grade-level math problems independently during observation	<input type="checkbox"/>
<input type="checkbox"/>	Is unable to complete grade-level math problems independently during observation (Indicate grade-level student is working on here: _____)	<input type="checkbox"/>
<input type="checkbox"/>	Completes grade-level math assignments with teacher and/or peer assistance	<input type="checkbox"/>
<input type="checkbox"/>	Is unable to complete math word problems independently	<input type="checkbox"/>
<input type="checkbox"/>	Fails to attend to math signs (Ex: +, -, \, x)	<input type="checkbox"/>
<input type="checkbox"/>	Skips steps when solving math problems	<input type="checkbox"/>
<input type="checkbox"/>	Does not know all his/her multiplication facts (as required or age appropriate)	<input type="checkbox"/>
<input type="checkbox"/>	Is unable to finish assignment because of math difficulties	<input type="checkbox"/>
<input type="checkbox"/>	Works math problems from left to right instead of right to left	<input type="checkbox"/>
<input type="checkbox"/>	Does not understand abstract math concepts without concrete examples	<input type="checkbox"/>
<input type="checkbox"/>	Performs better with manipulatives when solving math problems	<input type="checkbox"/>
<input type="checkbox"/>	Requires one-on-one assistance to complete the math assignment	<input type="checkbox"/>
<input type="checkbox"/>	Requires use of a number line or personal math chart to solve problems	<input type="checkbox"/>
<input type="checkbox"/>	Requires use of a calculator to solve math problems	<input type="checkbox"/>
<input type="checkbox"/>	Requires pencil and paper when solving math reasoning problems (cannot solve problems mentally)	<input type="checkbox"/>
<input type="checkbox"/>	Requires extra-time to complete math assignments due to difficulties	<input type="checkbox"/>

IV. Frequency/Duration of Target Behavior: You should use stopwatch or watch with a second-hand. For every negative signed marked please give description as to what the child was doing in comparison to peers at that moment (please indicate each mark separately).

Interval Length: 15 seconds 20 seconds

Student																			
Peer																			

Student																			
Peer																			

In the teacher/supervisor/caregiver's judgment, was the student's behavior typical? Yes No ___ (please explain) _____

LIVINGSTON COUNTY SCHOOL DISTRICT
SCHOOL: _____

READING FLUENCY
BEHAVIORAL OBSERVATION

Student Name: _____ Grade: _____ Teacher: _____
 Site of Observation: _____ Date of Observation: _____ Observer: _____
 Observation Time: Beginning _____ Ending _____

I. Physical Environment/Student Location:

<input type="checkbox"/>	At Desk	<input type="checkbox"/>	Group Activity	<input type="checkbox"/>	Cafeteria
<input type="checkbox"/>	At Listening Center	<input type="checkbox"/>	Floor Activity	<input type="checkbox"/>	Gym
<input type="checkbox"/>	At Learning Center	<input type="checkbox"/>	At Chalkboard	<input type="checkbox"/>	Playground
<input type="checkbox"/>	At Table	<input type="checkbox"/>	Hallway	<input type="checkbox"/>	Other:

II. Task (defined by the teacher) for the student to perform: _____

III. Anecdotal Observation: Record below (and on additional pages if necessary) all pertinent behaviors occurring during the observation period, including comparison to same age, same sex peers without identified disabilities.

Complete the following section in addition to the anecdotal observation.

Please indicate any of the following behaviors observed by placing a mark in the box next to the behavior:

	Target Student	Peer Comparison
		Behavior Same as Target Peer
<input type="checkbox"/>	Reads in phrases	<input type="checkbox"/>
<input type="checkbox"/>	Uses intonation appropriately	<input type="checkbox"/>
<input type="checkbox"/>	Solves unknown words	<input type="checkbox"/>
<input type="checkbox"/>	Understands new vocabulary in text	<input type="checkbox"/>
<input type="checkbox"/>	Notices and uses punctuation and reflects in voice	<input type="checkbox"/>
<input type="checkbox"/>	Points to words and reads	<input type="checkbox"/>
<input type="checkbox"/>	Demonstrates appropriate stress on words in a sentence	<input type="checkbox"/>

IV. Fluency Check: Provide passages (AimsWeb, EasyCBM, i.e) for the student to read aloud and determine the number of correct words called within a given time limit.

Trial One:
 Passage Grade Level: _____ Number of Correct Words: _____ Time Elapsed: _____

Trial Two:
 Passage Grade Level: _____ Number of Correct Words: _____ Time Elapsed: _____

In the teacher/supervisor/caregiver's judgment, was the student's behavior typical? Yes No ___ (please explain) _____

**LIVINGSTON COUNTY SCHOOL DISTRICT
SCHOOL: _____**

**BASIC READING / READING COMPREHENSION
BEHAVIORAL OBSERVATION**

Student Name: _____ Grade: _____ Teacher: _____
 Site of Observation: _____ Date of Observation: _____ Observer: _____
 Observation Time: Beginning _____ Ending _____

I. Physical Environment/Student Location:

<input type="checkbox"/>	At Desk	<input type="checkbox"/>	Group Activity	<input type="checkbox"/>	Cafeteria
<input type="checkbox"/>	At Listening Center	<input type="checkbox"/>	Floor Activity	<input type="checkbox"/>	Gym
<input type="checkbox"/>	At Learning Center	<input type="checkbox"/>	At Chalkboard	<input type="checkbox"/>	Playground
<input type="checkbox"/>	At Table	<input type="checkbox"/>	Hallway	<input type="checkbox"/>	Other:

II. Task (defined by the teacher) for the student to perform: _____

III. Anecdotal Observation: Record below (and on additional pages if necessary) all pertinent behaviors occurring during the observation period, including comparison to same age, same sex peers without identified disabilities.

Complete the following section in addition to the anecdotal observation.

Please indicate any of the following behaviors observed by placing a mark in the box next to the behavior:

	Target Student	Peer Comparison
		Behavior Same as Target Peer
<input type="checkbox"/>	Reads grade-level text independently during observation	<input type="checkbox"/>
<input type="checkbox"/>	Is unable to read grade-level text independently during observation (Indicate grade-level student is reading on here: _____)	<input type="checkbox"/>
<input type="checkbox"/>	Reads grade-level text with teacher and/or peer assistance	<input type="checkbox"/>
<input type="checkbox"/>	Requires help sounding out words while reading	<input type="checkbox"/>
<input type="checkbox"/>	Substitutes words while reading (Ex: says "the" for "they")	<input type="checkbox"/>
<input type="checkbox"/>	Follows along in text with the class while others are reading	<input type="checkbox"/>
<input type="checkbox"/>	Is unable to comprehend what she/he has read when asked	<input type="checkbox"/>
<input type="checkbox"/>	Is unable to finish assignment because of reading difficulties	<input type="checkbox"/>
<input type="checkbox"/>	Has prolonged pauses while reading	<input type="checkbox"/>
<input type="checkbox"/>	Omits or adds words while reading (Please indicate error observed: _____)	<input type="checkbox"/>
<input type="checkbox"/>	Demonstrates difficulty with phonemes (letter sounds)	<input type="checkbox"/>
<input type="checkbox"/>	Requires someone to read to him/her because he/she is unable to read text	<input type="checkbox"/>
<input type="checkbox"/>	Is unable to discriminate between similar letters and/or words	<input type="checkbox"/>
<input type="checkbox"/>	Does not know all the letters of the alphabet	<input type="checkbox"/>
<input type="checkbox"/>	Comprehends overall ideas but not labels (Ex: remembers it's a place where animals live but cannot remember the label "zoo")	<input type="checkbox"/>
<input type="checkbox"/>	Completes a comprehension quiz after reading(Please indicate score: _____)	<input type="checkbox"/>

IV. Frequency/Duration of Target Behavior: You should use stopwatch or watch with a second-hand. For every negative signed marked please give description as to what the child was doing in comparison to peers at that moment (please indicate each mark separately).

Interval Length: 15 seconds 20 seconds

Student																			
Peer																			

Student																			
Peer																			

In the teacher/supervisor/caregiver's judgment, was the student's behavior typical? Yes No ___ (please explain) _____

**LIVINGSTON COUNTY SCHOOL DISTRICT
SCHOOL: _____**

**BASIC WRITING SKILLS / SPELLING
BEHAVIORAL OBSERVATION**

Student Name: _____ Grade: _____ Teacher: _____
 Site of Observation: _____ Date of Observation: _____ Observer: _____
 Observation Time: Beginning _____ Ending _____

I. Physical Environment/Student Location:

<input type="checkbox"/>	At Desk	<input type="checkbox"/>	Group Activity	<input type="checkbox"/>	Cafeteria
<input type="checkbox"/>	At Listening Center	<input type="checkbox"/>	Floor Activity	<input type="checkbox"/>	Gym
<input type="checkbox"/>	At Learning Center	<input type="checkbox"/>	At Chalkboard	<input type="checkbox"/>	Playground
<input type="checkbox"/>	At Table	<input type="checkbox"/>	Hallway	<input type="checkbox"/>	Other:

II. Task (defined by the teacher) for the student to perform: _____

III. Anecdotal Observation: Record below (and on additional pages if necessary) all pertinent behaviors occurring during the observation period, including comparison to same age, same sex peers without identified disabilities.

Complete the following section in addition to the anecdotal observation.

Please indicate any of the following behaviors observed by placing a mark in the box next to the behavior:

	Target Student	Peer Comparison
	On randomly selected words:	Behavior Same as Target Peer
<input type="checkbox"/>	Is the spelling phonetically plausible? (e.g. butterfoll for beautiful, rilly for really, underfitted for undefeated, etc.)	<input type="checkbox"/>
<input type="checkbox"/>	Demonstrates ability to spell base words correctly.	<input type="checkbox"/>
<input type="checkbox"/>	Demonstrates the ability to apply prefixes and/or suffixes correctly.	<input type="checkbox"/>
<input type="checkbox"/>	Demonstrates orthographic knowledge (e.g. change y to i before adding suffix, loss of second consonant when joining words- help full becomes helpful)	<input type="checkbox"/>
<input type="checkbox"/>	Shows etymological knowledge (e.g. sound for ch for chicken as compared to ch for chef)	<input type="checkbox"/>
<input type="checkbox"/>	Demonstrates understanding of the meanings of presented words.	<input type="checkbox"/>

In the teacher/supervisor/caregiver's judgment, was the student's behavior typical? Yes No ___ (please explain) _____

**LIVINGSTON COUNTY SCHOOL DISTRICT
SCHOOL: _____**

BASIC WRITING SKILLS / WRITTEN EXPRESSION

BEHAVIORAL OBSERVATION

Student Name: _____ Grade: _____ Teacher: _____
 Site of Observation: _____ Date of Observation: _____ Observer: _____
 Observation Time: Beginning _____ Ending _____

I. Physical Environment/Student Location:

<input type="checkbox"/>	At Desk	<input type="checkbox"/>	Group Activity	<input type="checkbox"/>	Cafeteria
<input type="checkbox"/>	At Listening Center	<input type="checkbox"/>	Floor Activity	<input type="checkbox"/>	Gym
<input type="checkbox"/>	At Learning Center	<input type="checkbox"/>	At Chalkboard	<input type="checkbox"/>	Playground
<input type="checkbox"/>	At Table	<input type="checkbox"/>	Hallway	<input type="checkbox"/>	Other:

II. Task (defined by the teacher) for the student to perform: _____

III. Anecdotal Observation: Record below (and on additional pages if necessary) all pertinent behaviors occurring during the observation period, including comparison to same age, same sex peers without identified disabilities.

Complete the following section in addition to the anecdotal observation.

Please indicate any of the following behaviors observed by placing a mark in the box next to the behavior:

	Target Student	Peer Comparison
		Behavior Same as Target Peer
<input type="checkbox"/>	Completes grade-level writing assignments independently during observation	<input type="checkbox"/>
<input type="checkbox"/>	Is unable to complete grade-level writing tasks independently during observation (Indicate grade-level student is working on here: _____)	<input type="checkbox"/>
<input type="checkbox"/>	Omits, adds, or substitutes words when writing	<input type="checkbox"/>
<input type="checkbox"/>	Demonstrates written work that is illegible	<input type="checkbox"/>
<input type="checkbox"/>	Demonstrates written work that contains errors but can be easily read	<input type="checkbox"/>
<input type="checkbox"/>	Is unable to copy letters, words, or sentences from a model	<input type="checkbox"/>
<input type="checkbox"/>	Fails to use appropriate capitalization or appropriate punctuation when writing	<input type="checkbox"/>
<input type="checkbox"/>	Requires special pencils or writing aids in order to write appropriately	<input type="checkbox"/>
<input type="checkbox"/>	Uses run-on sentences when writing	<input type="checkbox"/>
<input type="checkbox"/>	Uses inappropriate spacing between words when writing	<input type="checkbox"/>
<input type="checkbox"/>	Writes sentences at an angle across several lines rather than all on one line	<input type="checkbox"/>
<input type="checkbox"/>	Is unable to express ideas (Ex: in writing open-response or journal entries)	<input type="checkbox"/>
<input type="checkbox"/>	Does not write complete sentences to express complete thoughts when writing	<input type="checkbox"/>
<input type="checkbox"/>	Uses inappropriate letter size when writing	<input type="checkbox"/>
<input type="checkbox"/>	Requires extra-time to complete writing assignments due to difficulties	<input type="checkbox"/>
<input type="checkbox"/>	Is unable to describe or explain what he/she has written	<input type="checkbox"/>
<input type="checkbox"/>	Requires writing prompts, such as fill-in-the-blanks, keywords, or cues	<input type="checkbox"/>

IV. Frequency/Duration of Target Behavior: You should use stopwatch or watch with a second-hand. For every negative signed marked please give description as to what the child was doing in comparison to peers at that moment (please indicate each mark separately).

Interval Length: 15 seconds 20 seconds

Student																			
Peer																			

Student																			
Peer																			

In the teacher/supervisor/caregiver's judgment, was the student's behavior typical? Yes No ___ (please explain) _____