

BEHAVIORAL OBSERVATION ANECDOTAL OBSERVATION

Student Name: _____

School: _____

Site of Observation: _____ Observer's Name: _____

Title: _____

Person responsible for student during observation: _____

Title: _____

Date: _____ Beginning time of observation: _____ Ending time: _____

I. Target behavior of concern identified in referral:

- | | | |
|--|--|---|
| <input type="checkbox"/> Reading skills | <input type="checkbox"/> Math skills | <input type="checkbox"/> Written expression skills |
| <input type="checkbox"/> Self-help/adaptive skills | <input type="checkbox"/> Social-emotional/behavior | <input type="checkbox"/> Academic engaged time (time on-task) |
| <input type="checkbox"/> Other: _____ | | |

II. Physical environment:

- | | | | |
|---|--|---|-------------------------------------|
| <input type="checkbox"/> at desk (large group) | <input type="checkbox"/> on chair | <input type="checkbox"/> on the floor | <input type="checkbox"/> playground |
| <input type="checkbox"/> at desk (small group) | <input type="checkbox"/> carpet/circle time | <input type="checkbox"/> at the board | <input type="checkbox"/> cafeteria |
| <input type="checkbox"/> at table (large group) | <input type="checkbox"/> at learning center | <input type="checkbox"/> in the hallway | <input type="checkbox"/> gym |
| <input type="checkbox"/> at table (small group) | <input type="checkbox"/> at listening center | <input type="checkbox"/> other: _____ | |

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

IV. Anecdotal observation: Record below (and on additional pages if needed) all pertinent behavior occurring during the observation, as well as how the student performs in comparison to peers.

(over -> pg. 2)

☐ Yes ☐ No (please explain) _____