

Behavior Observation Sheet

STUDENT: _____ M / F GRADE/AGE: _____ / DATE: _____

COMPLETED BY: _____

Please check the **patterns of behaviors** you have observed.

<p>STUDENT'S STRENGTHS</p> <p><input type="checkbox"/> Self motivated/self starter</p> <p><input type="checkbox"/> Engaged in school/class</p> <p><input type="checkbox"/> Displays sense of humor</p> <p><input type="checkbox"/> Has creative outlet(s)</p> <p><input type="checkbox"/> Asks for assistance</p> <p><input type="checkbox"/> Shows integrity</p> <p><input type="checkbox"/> Stands up to peer pressure</p> <p><input type="checkbox"/> Responsible for self</p> <p><input type="checkbox"/> Thinks before acting</p> <p><input type="checkbox"/> Sound decision-making skills</p> <p><input type="checkbox"/> Empathetic or sensitive</p> <p><input type="checkbox"/> Respects cultural differences</p> <p><input type="checkbox"/> Resolves conflicts peacefully</p> <p><input type="checkbox"/> Tolerates change</p> <p><input type="checkbox"/> High self-esteem</p> <p><input type="checkbox"/> Positive view of future</p> <p>INTERESTS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>COMMUNICATION</p> <p>Have you communicated with the student's parents?</p> <p><input type="checkbox"/> Yes,</p> <p> Phone; date(s) _____</p> <p> Conference; date(s) _____</p> <p><input type="checkbox"/> No</p> <p> (Write comments on back)</p> <p>Student's current grade in your class? _____</p> <p>Student's last report card grade in your class? _____</p> <p>Number of absences in your class? _____</p> <p>Number of times you've referred the student for discipline violations? _____</p> <p>Use the back to document any intervention or accommodations that have been tried with this student, including frequency & duration, and whether or not they were helpful.</p>	<p>BEHAVIORS</p> <p><input type="checkbox"/> Inattentive</p> <p><input type="checkbox"/> Easily distracted</p> <p><input type="checkbox"/> Forgetful</p> <p><input type="checkbox"/> Disorganized</p> <p><input type="checkbox"/> Defiance of rules</p> <p><input type="checkbox"/> Irresponsible</p> <p><input type="checkbox"/> Blaming</p> <p><input type="checkbox"/> Fighting/argumentative</p> <p><input type="checkbox"/> Secretive behavior</p> <p><input type="checkbox"/> Cheating</p> <p><input type="checkbox"/> Dramatic attention-getting</p> <p><input type="checkbox"/> Verbal abuse</p> <p><input type="checkbox"/> Obscene language/gestures</p> <p><input type="checkbox"/> Crying inappropriately</p> <p><input type="checkbox"/> Physically aggressive</p> <p><input type="checkbox"/> Bullying others</p> <p><input type="checkbox"/> Impulsive</p> <p><input type="checkbox"/> Stealing</p> <p><input type="checkbox"/> Vandalism</p> <p><input type="checkbox"/> Rigid obedience</p> <p><input type="checkbox"/> Extremely negative</p> <p><input type="checkbox"/> Anxious or nervous</p> <p><input type="checkbox"/> Agitation/fidgety</p> <p><input type="checkbox"/> Excessive demands on teacher</p> <p><input type="checkbox"/> Day dreams regularly</p> <p><input type="checkbox"/> Unresponsive to interaction</p> <p><input type="checkbox"/> Easily led by others</p> <p><input type="checkbox"/> Sudden change in peers</p> <p><input type="checkbox"/> Refuses to comply with requests</p> <p><input type="checkbox"/> Isolating/withdrawn</p> <p><input type="checkbox"/> Apathetic</p> <p><input type="checkbox"/> Expression does not match feelings</p> <p><input type="checkbox"/> Excessive sadness</p> <p><input type="checkbox"/> Expresses self-destructive thoughts/actions</p> <p><input type="checkbox"/> Dishonesty</p> <p><input type="checkbox"/> Excessive mood swings</p> <p><input type="checkbox"/> Expresses fear for self or others</p> <p><input type="checkbox"/> Less/more mature than peers</p> <p><input type="checkbox"/> Expresses low self-esteem</p> <p><input type="checkbox"/> Erratic behavior changes</p> <p><input type="checkbox"/> Violates other's boundaries</p> <p><input type="checkbox"/> Sexually preoccupied</p>	<p>ACADEMIC</p> <p><input type="checkbox"/> Low grades</p> <p><input type="checkbox"/> Drop in grades</p> <p><input type="checkbox"/> Academic failure</p> <p><input type="checkbox"/> Inconsistent daily work</p> <p><input type="checkbox"/> Does not follow directions</p> <p><input type="checkbox"/> Lack of motivation</p> <p><input type="checkbox"/> Change in student to teacher relationship</p> <p><input type="checkbox"/> Change in participation</p> <p><input type="checkbox"/> Overly sensitive to criticism</p> <p><input type="checkbox"/> Compulsive over-achiever</p> <p><input type="checkbox"/> Easily frustrated/gives up</p> <p><input type="checkbox"/> Homework incomplete</p> <p><input type="checkbox"/> Lacking English skills</p> <p>CLASS ATTENDANCE</p> <p><input type="checkbox"/> Excessive absenteeism</p> <p><input type="checkbox"/> Patterns of absences</p> <p><input type="checkbox"/> Frequent tardiness</p> <p><input type="checkbox"/> In jeopardy of losing credit</p> <p><input type="checkbox"/> Frequent visits to restroom</p> <p><input type="checkbox"/> Frequent visits to nurse</p> <p><input type="checkbox"/> Frequent visits to counselor</p> <p>EXTRACURRICULAR ACTIVITIES</p> <p><input type="checkbox"/> Loss of interest</p> <p><input type="checkbox"/> Increased non involvement</p> <p><input type="checkbox"/> Loss of eligibility</p> <p><input type="checkbox"/> Dropped out of activity</p> <p><input type="checkbox"/> Over extended in activities</p> <p><input type="checkbox"/> Unable to meet deadlines</p> <p>PHYSICAL CONCERNS</p> <p><input type="checkbox"/> Frequently fatigued</p> <p><input type="checkbox"/> Sleeping in class</p> <p><input type="checkbox"/> Impaired coordination</p> <p><input type="checkbox"/> Difficulty with vision/hearing</p> <p><input type="checkbox"/> Poor hygiene</p> <p><input type="checkbox"/> Rapid increase/drop in weight</p> <p><input type="checkbox"/> Frequent physical complaints</p> <p><input type="checkbox"/> Frequent illnesses</p> <p><input type="checkbox"/> Burn marks/bruises/cuts</p> <p><input type="checkbox"/> Slurred speech</p> <p><input type="checkbox"/> Smells of alcohol//marijuana</p> <p><input type="checkbox"/> Mild hand tremors</p> <p><input type="checkbox"/> Runny nose</p> <p><input type="checkbox"/> Red or glassy eyes</p>
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