



## Classroom Behavior Observation Data

Date: \_\_\_\_\_ Time of Observation: \_\_\_\_\_ Room: \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_ Gr.: \_\_\_\_\_ Campus: \_\_\_\_\_

**DIRECTIONS:** If a student is being recommended to the RtI Core Team for behavior then this classroom observation data must be completed. This observation should be completed by someone other than the classroom teacher; someone that is neutral. The purpose of this observation is to record the student's behavior in the areas of concern which maybe impacting his learning potential.

**INDICATE THE AREAS OF CONCERN:** (Mark area(s) to be observed):

- |   |   |
|---|---|
| <input type="checkbox"/> Attention Skills     | <input type="checkbox"/> Ability for Independent Work |
| <input type="checkbox"/> Comprehension Skills | <input type="checkbox"/> Problem-solving Strategies   |
| <input type="checkbox"/> Expressive Skills    | <input type="checkbox"/> Other:                       |
| <input type="checkbox"/> On Task Behaviors    |   |

Please indicate if the following were observed: (Y--Yes, N--No, NE--Not Exhibited)

- |   |   |
|---|---|
| _____ Responds within reasonable length of time in written form | _____ Exhibits adequate attention span for learning |
| _____ Follows instructions                                      | _____ Works independently                           |
| _____ Appears to understand classroom activities                | _____ Uses problem-solving strategies               |
| _____ Stays on task until completion                            | _____ Follows classroom rules                       |
| _____ Exhibits adequate social interaction skills               | _____ Alert and involved                            |
| _____ Comprehends written/verbal information                    | _____ Physical stamina                              |

**COMMENTS/OTHER:** \_\_\_\_\_

**ADDITIONAL OBSERVATION INFORMATION:** \_\_\_\_\_

**\*HOW DO THESE BEHAVIORS AFFECT EDUCATIONAL FUNCTIONING?** \_\_\_\_\_

**\*RECOMMENDATIONS:** \_\_\_\_\_

\_\_\_\_\_  
 Observer's Name (Signature)

\_\_\_\_\_  
 Date

**\*INDICATES REQUIRED DOCUMENTATION**