

HUTTO INDEPENDENT SCHOOL DISTRICT
CLASSROOM OBSERVATION

Student's Name		Date and Time	
Teacher		Grade	For ELL, Language of Instruction
Subject <small>The observation must occur during an area of concern.</small>		Class Type/Seating	
Activities			Class Size
Is there evidence of schoolwide behavioral expectations?		Y N	Does the student have an individualized behavior plan or BIP?
			Y N

Student Behaviors			
(Check all that apply during the observation period.)			
<input type="checkbox"/>	Neat appearance	<input type="checkbox"/>	Appears unkept
<input type="checkbox"/>	Friendly, smiles	<input type="checkbox"/>	Easily distracted
<input type="checkbox"/>	Attentive	<input type="checkbox"/>	Short attention span
<input type="checkbox"/>	Expresses wants and needs	<input type="checkbox"/>	Overactive, restless
<input type="checkbox"/>	Completes work	<input type="checkbox"/>	Frequently out of seat
<input type="checkbox"/>	Accurate work	<input type="checkbox"/>	Talks out-of-turn
<input type="checkbox"/>	Cooperative	<input type="checkbox"/>	Talks excessively
<input type="checkbox"/>	Follows directions	<input type="checkbox"/>	Unusual vocalizations/noises
<input type="checkbox"/>	Contributes to group activity	<input type="checkbox"/>	Impulsive
<input type="checkbox"/>	Good articulation	<input type="checkbox"/>	Disruptive
<input type="checkbox"/>	Shows leadership	<input type="checkbox"/>	Mood changes quickly
<input type="checkbox"/>	Asks for assistance	<input type="checkbox"/>	Procrastinates
<input type="checkbox"/>	Uses peers for cues	<input type="checkbox"/>	Perseverates
<input type="checkbox"/>	Works with classmates	<input type="checkbox"/>	Nonverbal
<input type="checkbox"/>	Has necessary class materials	<input type="checkbox"/>	Avoids eye contact
<input type="checkbox"/>	Good motor skills	<input type="checkbox"/>	Seems unaware of others
<input type="checkbox"/>	Needs extra attention (academic)	<input type="checkbox"/>	Needs extra attention (behavioral)
<input type="checkbox"/>		<input type="checkbox"/>	Doesn't start work
<input type="checkbox"/>		<input type="checkbox"/>	Doesn't finish work
<input type="checkbox"/>		<input type="checkbox"/>	Disorganized work
<input type="checkbox"/>		<input type="checkbox"/>	Difficulty copying
<input type="checkbox"/>		<input type="checkbox"/>	Can't find place
<input type="checkbox"/>		<input type="checkbox"/>	Needs prompted to work
<input type="checkbox"/>		<input type="checkbox"/>	Easily frustrated
<input type="checkbox"/>		<input type="checkbox"/>	Easily angered
<input type="checkbox"/>		<input type="checkbox"/>	Easily discouraged
<input type="checkbox"/>		<input type="checkbox"/>	Aggressive (physically)
<input type="checkbox"/>		<input type="checkbox"/>	Aggressive (verbally)
<input type="checkbox"/>		<input type="checkbox"/>	Noncompliant
<input type="checkbox"/>		<input type="checkbox"/>	Seems anxious
<input type="checkbox"/>		<input type="checkbox"/>	Appears sad
<input type="checkbox"/>		<input type="checkbox"/>	Withdrawn
<input type="checkbox"/>		<input type="checkbox"/>	Listless, lethargic
<input type="checkbox"/>		<input type="checkbox"/>	Other (specify)

Descriptions/Examples of Behaviors Checked Above	
Classroom Behavior Was Observed by	Title