

BATH COUNTY SCHOOLS

Behavior Observation – Physical/Motor

Student _____ Observer/Title Date _____

Directions: During the observation, place a check mark next to the behaviors that are observed from the list below. These checklists are not exhaustive, so please include notes regarding additional behaviors observed, including strengths and behaviors which may interfere with the student's learning. In order to obtain a full and accurate picture of the student's performance, it may be necessary to observe the student more than once in different settings/times of day.

Social Environment

- Large Group One other person
- Small Group By self (no interaction)

Physical Environment

- Classroom Playground Cafeteria
- At a table At a desk On the floor
- Gym other _____

Task/Activity which the teacher has defined for the student:

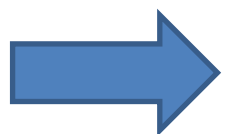
In the teacher/supervisor/caregiver's judgment, was the student's behavior/performance typical for the student? YES NO (please explain)

Observation based on student's Instructional Level Current Grade Level

Fine Motor Skills

Gross Motor Skills

<input type="checkbox"/> Grasps writing instruments awkwardly, resulting in poor handwriting, drawing	<input type="checkbox"/> Appears awkward and clumsy, dropping, spilling or knocking things over
<input type="checkbox"/> Demonstrates poor ability to color or write 'within the lines'	<input type="checkbox"/> Finds it hard to judge speed and distance (i.e., hard to play certain games)
<input type="checkbox"/> Confuses left and right	<input type="checkbox"/> Exhibits poor body control
<input type="checkbox"/> Creates art work that is immature for age	Other
<input type="checkbox"/> Difficulty copying information	<input type="checkbox"/> Difficulty maintaining physical stamina
<input type="checkbox"/> Trouble with buttons, zippers, hooks, snaps and tying shoes	<input type="checkbox"/> Exhibits sensory sensitivity (e.g., lights, sounds, texture, touch)
<input type="checkbox"/> Difficulty using small objects or items that demand eye-hand coordination (e.g., Legos, puzzle pieces, scissors, musical instruments, sports)	<input type="checkbox"/> Problems with hearing
	<input type="checkbox"/> Problems with vision



Describe Observed behavior (**REQUIRED**): Start Time: _____ End Time: _____

Attach student work sample if applicable:

